

# Arts & Events Activation COVID-19 Support Grants

## Applicant details

Please read the full Guidelines before commencing this application

Name of the organisation or individual undertaking the project **Required**

Postal address of the organisation/individual undertaking the project **Required**

Contact person for the organisation **Required**

Phone (Business Hours) **Required**

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) **Required**

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)**

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

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) **Required**

- Registered for GST
- Not registered for GST

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## Project details

Project title **Required**

Project location **Required**

Estimated start date **Required**

- Must be between 04 August 2020 and 30 June 2021

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Estimated finish date **Required**

- Must be between 04 August 2020 and 30 June 2021

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Estimated number of project participants (Select 1 or more options) **Required**

- <25
- 25-49
- 50-74
- 75-99
- 100+

Please provide a brief description of your proposed project/event/activity and how it will respond to the COVID-19 recovery: **Required**

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Why do you want to do this project? **Required**

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What community benefits do you hope to achieve with this project? **Required**

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## Project delivery and funding

Demonstrate your capacity and experience to deliver the project **Required**

(For example you may describe past projects that you have delivered or list experience of personal involved)

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**Detail your Project Plan including time-lines, project partners and risks (you may use the Project Plan template provided and attach)**

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**Upload the completed Project Plan template (or complete question above)**


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

**Do you plan to use local contractors to deliver your project? (Select 1 or more options)**

- Yes
- No

**Attach Project Budget (template provided) and attach a quotation for each expenditure item greater than \$1,000**

**Required**

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

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## Authorisation

**I affirm that:**

- I have read the guidelines
- The project is based in the Horsham municipality
- 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 necessary taxation documents have been provided

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

**Account name** **Required**

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**BSB No.** Required

**Account No.** Required

**Signature** Required

**Date Signed**

D	D	M	M	Y	Y	Y	Y
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*End of form*

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