



Woollahra Council Community Grants Application Form 2008/09

Name of organisation
applying for the grant _____

Address _____

Contact person _____

Position in organisation _____

Phone: _____ Mobile _____

Contact person's email _____

*If your organisation is applying for a grant on behalf of a group that is not incorporated,
please fill in this section.*

Name of group
being sponsored _____

Address _____

Contact person: _____

Phone: _____ Mobile _____

Email _____

NAME OF PROJECT FOR WHICH FUNDING IS BEING SOUGHT

SUMMARY OF PROJECT

AMOUNT REQUESTED FROM COUNCIL \$ _____

TOTAL AMOUNT FOR THE PROJECT \$ _____

ARE YOU WILLING TO ACCEPT PARTIAL FUNDING? (Please tick) Yes No

INFORMATION ABOUT YOUR ORGANISATION

1. What are the aims and objectives of the organisation?

2. What types of services/activities are provided by your organisation?

3. Who are the organisation's main target group/clientele?

4. What are the organisation's main sources of funding?

5. Do you fund raise to assist your organisation? If so, please outline.

6. What contributions do volunteers make to your organisation?

7. Does your organisation charge any membership fees or service costs?
Please outline these charges

8. Who is eligible to join your organisation?

9. Date of election of current executive _____ / _____ / _____

Have they approved this application? (Please tick) yes no

8. Date of establishment of your organisation _____ / _____ / _____

9. Is your organisation incorporated? (Please tick) yes no

PLEASE NOTE THE GUIDELINES IF YOUR GROUP IS NOT INCORPORATED.

GOODS AND SERVICES TAX

10. Do you have an ABN number (Please tick) yes no

If yes, please include number _____

Are you registered for the GST (Please tick) yes no

PLEASE NOTE:

**IF YOU DO NOT HAVE AN ABN NUMBER COUNCIL WILL BE REQUIRED TO
WITHHOLD 48.5% OF THE GRANT AND REMIT TO THE ATO ON YOUR BEHALF**

ADDITIONAL INFORMATION ON THE GST IS IN THE GUIDELINES

INFORMATION ABOUT THE PROJECT FOR WHICH FUNDING IS BEING SOUGHT

NAME OF THE PROJECT _____

WHERE WILL THE PROJECT TAKE PLACE? _____

WHAT IS THE PURPOSE OF THE PROJECT?

PLEASE DESCRIBE YOUR PROJECT IN MORE DETAIL?
Include details of how your project meets the selection criteria contained in the Guidelines.

WHO WILL DIRECTLY BENEFIT FROM THE PROJECT AND HOW?

PROVIDE EVIDENCE TO SUPPORT THE NEED FOR THIS PROJECT.

WHAT GEOGRAPHIC AREA WILL THE PROJECT COVER?

ARE THEIR SIMILAR ACTIVITIES OR SERVICES AVAILABLE FOR WOOLLAHRA RESIDENTS? If yes, please name them and explain why your project is needed as well.

HOW WILL YOU EVALUATE THE SUCCESS OF THIS PROJECT?

IN-KIND ASSISTANCE

Please supply details of in-kind and financial assistance provided by Woollahra Council.

In-kind assistance given to your organisation by Woollahra Council over the last 5 years (including rental or hiring of Council owned premises).

Premises	Benefit (eg rent/rate reduction)	Approximate value (\$)

Grants given to your organisation by Woollahra Council

Amount (\$)	Date (year)	Purpose for which funds were used

**Provide details of applications made to other bodies for financial assistance
for this project in the last 12 months or anticipated in the future:**

Funding body Amount sought	If decision made		If decision not yet made, when reply may be expected
	Amount granted	Period of grant	

PROJECT BUDGET

Provide details of income and expenditure for your proposed project. This will help you to work out how much funding you need. Make sure you consider any GST implications.

PROJECT INCOME	AMOUNT \$
Support income - list the name of any organisation providing a grant, sponsorship, donation or other contributions toward the project	
Earned income - if applicable list source, eg cost to participants	
Amount requested from Woollahra Council	
TOTAL COST OF PROJECT	\$

PROJECT EXPENSES	AMOUNT \$
Please provide a breakdown of expenses under each category	
Service providers eg tutors, trainers, artists costs and number of days	
Equipment/materials – for equipment over \$100 you must attach 2 written quotes	
Program or production costs – list components	
Documentation and promotion – list components	
Insurance costs – check with your insurer whether your existing coverage extends to the activities of this project.	
Other – please specify	
TOTAL EXPENDITURE	\$

SUPPORTING DOCUMENTS

****IF THE REQUIRED INFORMATION IS NOT AVAILABLE YOUR APPLICATION WILL BE DIFFICULT TO ASSESS****

Attach the following to your application:

- ❖ Proof of your organisation's legal/corporate status (eg copy of your certificate of incorporation),
- ❖ The most recent Annual Report,
- ❖ A copy of the minutes of your last AGM,
- ❖ Copies of 2 written quotes (for items over \$100),
- ❖ Your organisation's most recent audited statement and balance sheet (a statement of income and expenditure should be provided),
- ❖ All surplus funds should be outlined and adequately explained.

I certify that, to the best of my knowledge the statements in this application are true. I have read, and I understand the Woollahra Municipal Council Community Grants Scheme Guidelines.

I acknowledge that Woollahra Council cannot guarantee funding for any application and cannot guarantee funding to the full amount requested by any applicant.

I have been authorised by _____
(name of organisation) to make this application.

Full name _____

Position in organisation _____

Signature _____ Date / / 08

The form must be signed by a person holding an Office Bearer position within your organisation.

Closing date for completed Community Grants applications is 20 June 2008.

Please return to:

Mr Gary James
General Manager
Woollahra Council
PO Box 61
Double Bay NSW 1360

For further information or help, contact Council's Contact Officer, Justin Han on 9391 7182 or email: justin.han@woollahra.nsw.gov.au.