

App. No: \_\_\_\_\_

**WINGECARRIBEE COMMUNITY ASSISTANCE SCHEME 2008/9****APPLICATION FORM**

Limit of 1 application per organisation

**Opening Date: 9.00am Wednesday 6<sup>th</sup> February 2008****Closing Date: 4.30pm Friday 28<sup>th</sup> March 2008****1 GROUP/ORGANISATION DETAILS – All Applicants to complete**1.1 Name of Applicant Organisation

\_\_\_\_\_

Is the Applicant acting as an auspice for an unincorporated group? If yes, what is the group's name?

\_\_\_\_\_

1.2 Contact Person for Application

\_\_\_\_\_

Position held: \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

Ph. No. (bus): \_\_\_\_\_ (priv/mob): \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

1.3 Brief description of nature and objectives of applicant organisation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1.4 Number of Members: \_\_\_\_\_1.5 Legal Status – what type of legal status does the organisation have? (e.g. Incorporated Association, Trust, Co-operative, Registered Charity, Company, Section 355 Committee, Other (please specify))

\_\_\_\_\_

Incorporation or Company No. \_\_\_\_\_

Date of last financial return submitted to the Department of Fair Trading or equivalent authority and Year for which Financial Statement was lodged – **please attach a copy of most recent statement**

Date lodged: \_\_\_\_\_ Financial Year: \_\_\_\_\_

1.6 ABN and GST Registration

ABN \_\_\_\_\_

Registered for GST?: Yes \_\_\_\_\_ No \_\_\_\_\_

1.7 Office bearers

President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

**2 TYPE OF FUNDING APPLICATION – refer to 2.3 of Guidelines – All Applicants to complete**

Are you applying for –

[ ] Donation up to \$500? ➡ complete sections 3, 5, 7-12

[ ] Grant (for a specific purpose)? ➡ complete sections 4-12

Note – only one application of any type per organisation

**3 DONATION REQUEST – only complete this section if you are applying for a donation of up to \$500**

3.1 Amount of donation sought  
\$ \_\_\_\_\_

3.2 Why is the donation needed/how will it be used?

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3.3 Who in the community will benefit from the donation?

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**4 PROJECT PLAN FOR GRANT – Only complete this section if you are applying for a grant**

4.1 Title of Project: \_\_\_\_\_

4.2 Project Description: \_\_\_\_\_

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4.3 Objectives- What are you planning to achieve by the end of the project?

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4.4 Who in the Community will benefit by this project?

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2008/2009 WINGECARRIBEE COMMUNITY ASSISTANCE SCHEME

4.5 What would be paid for with Community Assistance Scheme grant funds? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4.6 Preparation – a condition of the Community Assistance Scheme is that the project **must be completed within 12 months** of funds being made available. What preparation have you made for this project? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4.7 Location: Where will the service or project be located:

\_\_\_\_\_

4.8 If the project is a building structure, please advise who owns the land where the proposed project will be built:

\_\_\_\_\_

Please provide DP number of the land: \_\_\_\_\_

5

**COUNCIL OWNED FACILITIES – All applicants to complete**

5.1 Is the facility where your project will be implemented or the donation will be used a Council owned facility Managed by a Management Committee (Including Council 355 Committees):

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does the Committee have a resolution supporting the application? Yes \_\_\_ No \_\_\_\_\_

Attach a letter of support from the Management Committee or a copy of the relevant Meeting resolution

5.2 If you are a Council 355 Management Committee or other Management Committee, has this application been considered as part of your overall Management Plan for the year?

Yes \_\_\_\_\_ No \_\_\_\_\_

**6 GRANT PROJECT BUDGET SUMMARY – Only complete this section if you are applying for a grant.**

***N.B. Contribution from the applicant to the project in cash and/or kind (voluntary labour and/or materials, etc) will strengthen the application, as will evidence of efforts to seek funding from other sources.***

**6.1 Total Cost of Project**

For complex projects please attach a one page budget breakdown with details of all items

\$
excluding gst

**6.2 Proposed Sources of Project Funding:**

Your Organisation's Monetary Contribution

\$
Excluding gst

**6.3 Total of other Sources of Project Funding (if any)**

Please state source(s) below -

Source(s) of funding: \_\_\_\_\_  
 \_\_\_\_\_

\$
Excluding gst

**6.4 Amount requested from Community Assistance Scheme**

(Please attach two written quotes and, provide detailed breakdown below in 6.6)

\$
Excluding gst

**6.5 Non-monetary/in kind contribution to the project**

Please list eg, office space, equipment, volunteers  
 (a \$ value can be attributed to volunteer hours with value of volunteer labour estimated as total No. of hrs @ \$15.00 per hr, or state hourly rate used for your calculation)

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**6.6 Breakdown of Project Requiring Council Grant funding**

While Council aims to fund all worthwhile projects, sometimes this is not possible. If unable to grant your project full funding, Council will consider part funding. Please list parts, items or stages of the project in order of most important to least important and the cost of each component.

ORDER OF PRIORITY	PARTS OF PROJECT	FUNDING REQUEST excluding gst
1		
2		
3		
4		

**7 OTHER INFORMATION – All applicants can complete**

Please provide any other information you believe to be relevant to the consideration of your application (if applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8 FINANCIAL HISTORY – All applicants to complete**

Please list details of your organisation's past financial assistance obtained from Council and/or Government Departments or funding bodies in the last 12 months:

YEAR FUNDING RECEIVED	SOURCE OF FUNDING	PURPOSE	AMOUNT

**9 REFEREES – All applicants to complete**

Please provide the name of two referees who support and can comment on the merit of your proposal and the role of your organisation (Referees MUST NOT be Councillors, Council staff, Committee members or contractors/suppliers for the project)

<b>Name:</b> _____	<b>Name:</b> _____
<b>Designation:</b> _____	<b>Designation:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>Phone (H) _____ (B) _____</b>	<b>Phone:(H) _____ (B) _____</b>

**10 CERTIFICATION – All applicants to complete**

**TO BE SIGNED BY TWO OFFICE BEARERS – ONE OF WHICH MUST BE EITHER THE PRESIDENT OR TREASURER**

We certify that we have read and understood the Community Assistance Guidelines 2008/2009 and reviewed the checklist and have been authorised to make this application. To the best of our knowledge, the statements in this application are true.

<b>Name:</b> _____	<b>Name:</b> _____
<b>Position:</b> _____	<b>Position:</b> _____
<b>Phone No:</b> _____	<b>Phone No:</b> _____
<b>Signature:</b> _____	<b>Signature:</b> _____
<b>Date:</b> _____	<b>Date:</b> _____

**11 Privacy Notification Form**

*Dear Applicant,*

***Wingecarribee Community Assistance Scheme***

The personal information that Council is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ("the Act").

The intended recipients of the personal information are:

- ◆ officers within the Council;
- ◆ data service providers engaged by the Council from time to time;
- ◆ any other agent of the Council.

The supply of the information by you *is not* voluntary. If you cannot provide or do not wish to provide the information sought, the Council will be unable to process your application.

Council is collecting this personal information from you in order for the Community Assistance Scheme Committee to effectively evaluate the merit of the application.

You may make application for access or amendment to information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the Act.

Council is to be regarded as the agency that holds the information.

Enquiries concerning this matter can be addressed to Council's Administration Section of the Wingecarribee Shire Council on 02 4868 0888.

Name.....

Position.....

Signed .....

Dated .....

<b>12 CHECKLIST FOR APPLICANTS</b>
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The following documentation must be included with this application (please tick each box if applicable). Please use this checklist to help you prepare your application correctly in order to give your submission the best chance.

		CHECK (√)	OFFICE USE
<b>1</b>	<b>Grant applicants only - Two</b> written detailed quotations attached? You should check whether your quotations will be valid at the time you will be commencing your project. Funds are available from July 2008 – Refer Section 6.4		
<b>2</b>	<b>Grants applicants only - Plans /Specifications</b> of the project (if applicable)		
<b>3</b>	<b>Grant applicants only - Did you make the appropriate enquiries</b> to check if your project requires a LUA –Land Use Application- (if so, was this cost considered in your application), does your project conflict with council plans? etc		
<b>4</b>	<b>Grant applicants only - Did you include or attach details</b> of non-cash contributions – Refer Section 6.5		
<b>5</b>	<b>Grant applicants only - Letter of endorsement</b> from contributing organisations (if applicable)		
<b>6</b>	<b>All applicants - Financial Statements</b> (or signed statement of income and expenditure) for the previous financial year. Indicate whether statement has been audited – Refer Section 1.4		
<b>7</b>	<b>All applicants - Have you discussed the application with your referees?</b> – Refer Section 9		
<b>8</b>	<b>All applicants in Council owned facilities - Written confirmation</b> of support from relevant Management Committee (where applicable) – refer Section 5		
<b>9</b>	<b>All applicants - Have you signed the Privacy Notification Section</b> of this application? – Refer Section 11		
<b>10</b>	<b>All applicants - Any additional information</b> – Refer Section 7		
<b>11</b>	<b>All applicants - Has the Application form been completed in full?</b> <i>(Remember that Late or Incomplete applications <u>will not be considered</u>)</i>		