FINANCIAL ASSISTANCE PROGRAM Application Form

**SECTION 1: APPLICANT’S DETAILS – all applicants complete this section**

|  |  |
| --- | --- |
| The name of Your Project |  |
| Name of the Organisation or person seeking financial assistance. |  |
| Address |  |
| Postal Address |  |
| Name and position of the contact person |  |
| Telephone, Fax and Email Address | Telephone: (bh) |
| Fax: |
| Mobile: |
| Email: |
| What legal status does your organisation have? (e.g.Incorporated Association etc) |  |
| Australian Business Number (ABN) \* |  |
| Australian Company Number (if applicable) |  |
| General Description of your Organisation |  |
| Is your insurance, including a minimum of $20m for public liability insurance, current? Please state policy numbers.(Council may request a copy of certificates of currency.) | Please list policies, insurer and policy number. |
| What is the time frame of your project? | Start Date:End Date: |

* If you don’t have an ABN, please attach a copy of the Australian Taxation Office form “Statement by a supplier”. Applicants with an ABN DO NOT need to complete the Statement by a Supplier form.

**AMOUNT OF FINANCIAL ASSISTANCE REQUESTED:**

**$**

**Must agree with amount stated in this application’s budget in section 5)** (amount **EXCLUSIVE** of GST)

**SECTION 2: PROJECT / PROGRAM DESCRIPTION**

**PLEASE tick one of the following boxes**

**NON-RECURRENT FINANCIAL ASSISTANCE**

**Local projects and activities with a demonstrated broad community benefit - Generally up to $3,000 p.a.**

**Major event or Project**

**Applications For Rate Reimbursements**

General Land Rates only and available for non-profit organisations only

**Waiver of Council fees and charges**

**Schools:** Local projects and activities of schools within Council’s area where those projects demonstrate partnership with and benefit to the wider community.

**SPORTING FINANCIAL ASSISTANCE** – ALL applications under this category are referred to the Council’s Sports Advisory Committee for their recommendation – note if more than one team member applies the financial assistance will be split between team members.

**Junior Regional Sporting representation –** up to $100 p.a.

**Junior State Sporting representation –** up to $300 p.a.

**Junior National Sporting representation –** up to $500 p.a.

**SECTION 3: APPLICATION / PROJECT DETAILS – all applicants to complete (including representation/prize giving).**

**Briefly describe your request/project. If required, attach additional details.**

**Is your project new? Select one YES NO N/A**

If you answered no, please provide some information that illustrates the new part of an existing project that you are seeking funding for.

**What are the aims of the request/project?**

**How will your request/project assist members of the Community?**

**What outcomes and benefits will your project have for the community?**

**Demonstrate how your project promotes community development and participation by connecting people, increased opportunity and building community capacity.**

**What community consultation has confirmed the need for this program?**

**List the organisations actively involved in the project / program.**

|  |  |  |
| --- | --- | --- |
| **ORGANISATION** | **CONTACT PERSON** | **Contact telephone****number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***TIP***

*You can submit supporting documentation with your application to show how other organisations support your project.*

**SECTION 4 : BUDGET – IMPORTANT – all applicants must complete this section.**

You should include estimates of the cash and in-kind contributions you are making to the project and any other income you are applying for/expecting to receive from other grant sources. You may submit your budget as a separate attachment if you prefer.

|  |  |
| --- | --- |
| **Proposed Income:** | **Amount** |
| **Proposed Expenses:** | **Amount** |
| **TOTAL COST OF PROJECT** |  |
| **TOTAL COST OF FUNDING SOUGHT** |  |

Please indicate if you intend to match any funding applied for on a $ for $ basis. If you are purchasing equipment or are planning a capital improvement to your asset, 2 quotations for the goods/ services need to be attached to your application.

**SECTION 5: IMPLEMENTATION SCHEDULE**

Detail your plan for project development, implementation and project management.

|  |  |
| --- | --- |
| **KEY MILESTONE** | **TIME FRAME** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**SECTION 6: DECLARATION – ALL applicants to complete this section.**

On behalf of:

(name of the organisation, if applicable)

I declare that the information provided above is complete and correct. Signed:

Print Name:

Position in organisation:

Address:

Contact telephone numbers:

Email address:

Date: