

# COMMUNITY GRANTS PROGRAM APPLICATION FORM

## CATEGORY ONE 2009/2010

Applications close 16 October 2009



NAME OF ORGANISATION.....

COMMITTEE SECRETARY/PRESIDENT.....

POSTAL ADDRESS.....

.....

CONTACT TELEPHONE NO ..... FAX NO .....

E-MAIL.....

DATE OF APPLICATION.....

AMOUNT REQUESTED \$.....

### ABOUT THE ORGANISATION

**1. Does the Applicant Organisation :**

- a. Operate within the Council  
Yes  No
- b. Operate a program or service within the Council  
Yes  No
- c. Is the organisation incorporated?  
Yes  No

d. ABN Number (if applicable):

.....

- e. Is membership or participation in the organisation or its activities generally open to all Council residents?  
Yes  No

**2. How many financial members do you have? .....**

**3. What are the objectives of your organisation?**

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.....  
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**4. Does your organisation have a Master \Business Plan for all the facilities \ programs or services under its control? Yes  No  (please attach).**

### ABOUT THE PROJECT

**5. Does This Project Address:**

- a.  Capital works which add long term value to a community facility?
- b.  Structural or minor upgrades to community facilities?
- c.  Current OH&S or risk management issues?
- d.  New programs or activities within a community?
- e.  Local festivals or events that have broad community benefit,
- f.  New or upgraded equipment
- g.  A specific high needs group.  
Describe what group  
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6. Project Details .....

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(Attach any supporting quotes and project plans)

7. What contribution the project will make to community life (Give details)

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8. Is this grant application for works already commenced or completed by the organisation?  
Yes  No

**FINANCIAL INFORMATION**

9. What contribution can the applicant organisation provide for this project in terms of:  
a. Cash Contribution \$..... and/or  
b. In-kind Contribution Valued at \$..... (please attach details of In-kind contribution)

10. Please provide your most recent annual financial report

11. Have you made or are you going to make an application to any other funding source for this project?  
Yes  No   
If yes state which body.....

12. Was the application successful?  
a. Yes  No  Still under consideration

**ADDITIONAL INFORMATION**

13. Are there any alternative facilities/options available if this project is not funded?

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14. What evidence of demand for this project do you have?

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**15. What funding for projects has your organisation received in the past and how has this been used?**

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**16. Are there any demonstrated unusual circumstances (Please outline)**

a. An unusually high community need for the proposed project

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b. An unusually high community benefit which would derive from the proposed project

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c. An unusual limitation to the organisation's capacity to raise funds

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**Signed** ..... **Date** .....

**Name** ..... **Position** .....

**N.B. Additional Information supporting the application indicated below is attached**

	Question #	Item
<input type="checkbox"/>	Q4	Master plan\ Business Plan
<input type="checkbox"/>	Q6	Quotes and Project Plans
<input type="checkbox"/>	Q9b	In-Kind Contribution Details
<input type="checkbox"/>	Q10	Annual Financial report
<input type="checkbox"/>	Q16 a	Demand for project
<input type="checkbox"/>	Q16b	High Community benefit
<input type="checkbox"/>	Q16c	Limited fund raising capacity
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	