#### **Contact Details**

\* indicates a required field

**Primary Contact Person** 

Contact Name \*

\*Please note: in this example form - contact fields have been linked to feed into the contact directory area. If you use this form, double check you are happy with the 'contact type' fields. To learn more about contact types see <a href="Help Hub">Help Hub</a>.

| Organisation Datails |  |                     |
|----------------------|--|---------------------|
| Organisation Details |  |                     |
| Organisation Name *  |  |                     |
| Organisation's ABN   |  |                     |
|                      | The ABN provided will be used to information. Click Lookup above tentered the ABN correctly. |                     |
|                      | Information from the Australian Busi   | ness Register       |
|                      | ABN  |                     |
|                      | Entity name  |                     |
|                      | ABN status   |                     |
|                      | Entity type  |                     |
|                      | Goods & Services Tax (GST)   |                     |
|                      | DGR Endorsed   |                     |
|                      | ATO Charity Type   | More information    |
|                      | ACNC Registration  |                     |
|                      | Tax Concessions  |                     |
|                      | Main business location   |                     |
|                      | Can be the ABN of the applicant or a   | uspice organisation |
| Postal Address *     | Address  |                     |
|                      |  |                     |
|                      |  |                     |
|                      | Suburb State Postcode  |                     |
|                      |  |                     |
|                      |  |                     |

First Name

Last Name

Title

| Position  |   |
|---|---|
| Phone number (business hours): *  |   |
| Alternative Phone<br>Number   | Must be an Australian phone number                                |
| Email Address *   |   |
|   | Must be an email address  |
| Alternative Contact Perso   | n   |
| Title First Name Last   | Name  |
| Title Hist Name Last  | indiffe   |
|   |   |
| Position  |   |
|   |   |
| Phone Number  |   |
| Must be an Australian phone number  |   |
|   | •   |
| Email Address   |   |
| Must be an email address.   |   |
|   |   |
| Organisation Details  |   |
| * indicates a required field  |   |
| marcaces a required mera  |   |
| What does your organisation   | do? *   |
|   |   |
| Word count: Must be no more than 200 words. Brief history and mission and the act deliver a project of this scale | ivities and programs you deliver – demonstrating your capacity to |
| Does your organisation emplo<br>○ Yes<br>○ No   | oy any staff? *   |
| If yes, how many?   |   |

| Is your organisation based  ○ Yes  ○ No  | in the Forbes Shire? *  |
|--|---|
| Is your organisation or grou   | up a not-for-profit entity? *   |
| Eligibility  |   |
| must comply with the follow  ☐ Conduct the event, activity ☐ Hold current and relevant papplicable to the purpose of the ☐ Commence the event, project of the application; ☐ Demonstrate measurable education Be financially viable and definitions. | environmental, social and/or economic benefits to the Shire; emonstrate need for funding; ents required in this application form      |
| Project Details  |   |
| * indicates a required field   |   |
| Project Name *   |   |
| Project start date: *  | Must be a date  |
| Project end date: *  | Must be a date  |
| Please choose a category for your project. *   | <ul> <li>Culture and the Arts</li> <li>Sport and Recreation</li> <li>Community Services</li> <li>Rural Village Enhancement</li> </ul> |
| Total project cost: *  | \$ Must be a dollar amount. Must be a dollar amount   |

| Council Cash contribution requested:                                    | \$ Must be a dollar amount and no more than 5000.   |
|---|---|
| Council In-kind support requested: *                                    | \$ Must be a dollar amount and no more than 5000.   |
| Total funding amount requested (Council in-kind + cash contribution): * | \$ This number/amount is calculated. Combined cash funding and in-kind support, must be a dollar amount. This amount must not exceed \$5,000.   |
| Brief project description: *  |   |
|   | Word count:<br>Must be no more than 200 words   |
| Project Description   |   |
| * indicates a required field  |   |
| Why is the project needed? *  |   |
|   | Word count:<br>Must be no more than 200 words.  |
| Demonstrate the organisations need for funding *                        |   |
|   | Word count:<br>Must be no more than 200 words.  |
| Describe the benefits of the project *                                  |   |
|   | Word count: Must be no more than 200 words. Consider economic, social, environmental benefits for your organisation and/or the wider community. |

### Round 2 - 2024/25 Application

Form Preview

| Describe what will happen if this project does NOT receive funding. *     |  |
|---|--|
|   | Word count:<br>Must be no more than 200 words.   |
| Will you proceed with the project if only partial funding is allocated? * | <ul><li>○ Yes</li><li>○ No</li></ul>   |
| If yes, please detail how the project will be delivered.                  |  |
|   | Word count:<br>Must be no more than 200 words.   |
| Project Evaluation & Su   | stainability   |
| * indicates a required field  |  |
| How will you monitor and evaluate the success of your project?            |  |
|   | Word count: Must be no more than 200 words. Consider attendance numbers, social outcomes, economic benefits etc and how you will measure these |
| How will the project be self-sufficient into the future (once funding has |  |
| been exhausted)? *  | Word count: Must be no more than 200 words. Eg, permanent facilities for community use, event to become sustainable through ticket sales etc.  |
| Describe the applicants ability to undertake the project. *               |  |
|   | Word count:  |

**Project Budget** 

Must be no more than 200 words.

e.g history of similar projects undertaken

#### \* indicates a required field

### Outline your project budget including in-kind support requested in this application. The budget must balance (total income = total expenditure).

Where you are unsure of the cost of in-kind requests (eg. hire of Council equipment or implementation of road closures etc), please contact Council on 02 6850 2300 for guidance.

Where you will be utilising your own volunteers, please calculate the value of this contribution by using \$30 per volunteer per hour.

#### Budget

Please do not add commas to figures eg. write \$1000 not \$1,000.

| Expenditure   | \$<br>Income   | \$ |
|---|--|----|
| What will it cost to complete your project? Please be as specific if you can, and back your figures up with quotes if possible. | Where will the funding for your project come from? This could include Council funding, Council in-kind costs, cash from your organisation etc. |    |
|   | \$   | \$ |
|   | \$   | \$ |
|   | \$   | \$ |
|   | \$   | \$ |
|   | \$   | \$ |
|   | \$   | \$ |
|   | \$   | \$ |
|   | \$   | \$ |

#### **Budget Totals**

| \$ This number/amount is calculated.          | Total Income Amount  \$ This number/amount is calculated. | \$ This number/amount is calculated. |
|---|---|--------------------------------------|
| Is the organisation cor<br>overall project? * | ntributing own resources th                               | aat you haven't listed to the        |
| Word count: Must be no more than 200 w        | vords.  |                                      |

#### Attach budget and funding documents

e.g project management, in-kind, volunteer hours

Attach a file:

#### **Documentation Check List**

\* indicates a required field

Below is the documentation you are required to submit. You will not be able to submit your application without attaching the required documents below. If you cannot supply the required documents, attach your reasoning.

Please note: If your funding submission is incomplete, that is, if any of the required documents are missing without explanation, your application will be withdrawn from consideration and you will be notified accordingly.

#### **MANDATORY Attachments**

If you are unable to attach any of the below mandatory documents, please attach an official statement explaining why you are unable to attach them or why they are not applicable to your application.

| Certificate of Currency * | Attach a file:   |  |  |
|---------------------------|--|--|--|
|                           |  |  |  |
|                           | Public Liability insurance valued to minimum \$20 million.   |  |  |
| Financial Statement *     | Attach a file:   |  |  |
|                           |  |  |  |
| Landowner consent *       | Attach a file:   |  |  |
|                           |  |  |  |
| Quotes for expenditure *  | Attach a file:   |  |  |
|                           |  |  |  |
| All relevant approvals *  | Attach a file:   |  |  |
|                           |  |  |  |
|                           | If approvals have not been received yet, please attached evidence of application.  |  |  |
| Letter of Approval from   | Attach a file:   |  |  |
| Organisation *            |  |  |  |
|                           | A letter from duly authorised representative detailing resolution to apply for funding under Council's CFP or Minutes from appropriate meeting detailing same. |  |  |

#### **Declaration and Privacy Statement**

\* indicates a required field

Declaration and Privacy statement

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.

I have read the accompanying guidelines for applicants provided with this application form.

I agree that I will contact Forbes Shire Council immediately if any information provided in this application changes or is incorrect.

Forbes Shire Council respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. All personal information provided to Council will be collected and managed in accordance with the Privacy and Personal Information Protection Act 1998. Should you need to change or access your personal details, please contact Council's Community Relations Officer on 02 6850 2300.

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

| I am authorised<br>to complete this<br>application and have<br>read and understood the<br>declaration and privacy<br>statement * | ○ Yes |            |           |
|--|-------|------------|-----------|
| Authorised Person's<br>Name *  | Title | First Name | Last Name |
| Position held *  |       |            |           |
| Date of declaration *  |       |            |           |