

# Community Celebrations Grants Program Application Form Preview

## Community Celebrations Grants Program

\* indicates a required field

### Overview

Maitland City Council's Bi-Annual Community Grants Program provides financial support to local community organisations/groups to deliver initiatives that meet community needs and benefit residents in our community.

The Community Celebrations Grants Program supports groups and community organisations to run events and activities that encourage community participation and involvement, promote leadership and develop a strong sense of belonging.

The Community Celebrations Grant Program has two distinctive subcategories\* designed to assist in the coordination of activities and events within the Maitland LGA:

**Commemorative Days** – activities and events which acknowledge and commemorate the service and sacrifice of the men and women who served Australia and its allies in wars, conflicts and peace operations.

**Recognised Days and Weeks** – significant cultural and community initiatives which celebrate national and international days or weeks.

\*These categories may be subject to change as part of an annual review.

### Before you begin

Please read the Community Grants Program Policy and Community Grants Program Guidelines before proceeding with this application. Both documents are available via Maitland City Council's Grants and Funding page on our website.

If you still have questions after reading these, please contact the Community Planning Team on the below details:

Email: [community.grants@maitland.nsw.gov.au](mailto:community.grants@maitland.nsw.gov.au) Phone: 02 4934 9700

**Please confirm the following eligibility requirements before completing the application form by ticking the below boxes. Only eligible applicants will be considered. \***

- The applicant has read and understood the information made available by Maitland City Council regarding the Community Grants Program, including the Community Grants Program Policy & Guidelines.
- The applicant has no outstanding debts with Maitland City Council.
- The applicant has successfully acquitted all previous grant funding (if applicable) with Maitland City Council.

At least 3 choices must be selected.

Please note the following information:

- Incomplete applications and/or applications received after the respective closing deadline, as per the Guidelines, will not be considered.
- All supporting documentation is provided where requested.
- Please ensure that all questions are answered.
- Successful applicants are required to complete a Funding Agreement outlining the requirements of their grant prior to funds being released.

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## Applicant Details

\* indicates a required field

**Are you applying as an individual or on behalf of a Group/Organisation? \***

- I am applying as an individual
- I am applying on behalf of an organisation

## Group/Organisation Details

**Name of Group/Organisation \***

Organisation Name

**Group/Organisation address \***

Address

  

**Group/Organisation phone number \***

Must be an Australian phone number.

**Group/Organisation email \***

Must be an email address.

**Group/Organisation website/social media (if applicable, only public sites are required)**

Must be a URL.

**Is your Group/Organisation auspiced by another organisation for the purpose of this grant? (Unincorporated groups or individuals applying for a grant must be auspiced by an incorporated body). \***

- Yes
- No

## Individual Details

**Project primary contact person \***

First Name

Last Name

 

**Position within Group/Organisation (if applying on behalf of a Group/Organisation)**

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**Primary address \***

Address

  

**Primary phone number \***

Must be an Australian phone number.

**Primary email \***

Must be an email address.

## Auspice Details

**Name of Auspicing Organisation \***

**Primary contact person \***

First Name

Last Name

  

**Auspice postal address \***

Address

  

**Primary contact person's phone number \***

Must be an Australian phone number.

**Primary contact persons email \***

Must be an email address.

**Please upload a letter or email from the auspicing organisation, outlining the arrangement for the application. \***

Attach a file:

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**Please upload a copy of the Group's/Organisation's public liability insurance. \***

Attach a file:

**Have you previously received grant funding from Council? \***

- Yes  
 No

**If yes, please provide details including project name and approximate date you received the grant.**

**Project name \***

**Date \***

Must be a date.

## Project Details

\* indicates a required field

**Please select from the below categories. \***

- Commemorative Days  
 Recognised Days and Weeks

**Name of Commemorative Day \***

**Please outline the project details.**

**Name of project \***

**Expected commencement date \***

Must be a date.

**Expected completion date \***

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Must be a date.

## Location of project \*

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

## Time/s of project \*

## Order of priority (if submitting more than one application)

## Has the Group/Organisation run this or a similar event before? \*

- Yes  
 No

## Please provide details \*

## Will Maitland City Council Temporary Road Closure and/or Special Event Application Form or Development Application need to be completed to gain approval for your project? \*

- Yes  
 No  
 Unsure

## Criterion Questions

\* indicates a required field

**Please complete the following questions relating to the details of the grant request. Please be descriptive but succinct.**

The following questions link directly to the Assessment Criteria on page 29 of Maitland City Council's Community Grants Program Guidelines.

## What are the primary activities and purpose of your Group/Organisation? \*

Word count:

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Must be at least 50 words.

**Please describe your project. Please include all planned elements of your project and how you will deliver it within the proposed timeframe. \***

Word count:  
Must be at least 50 words.

**How will your project benefit the Maitland Community? \***

Word count:  
Must be at least 50 words.

**How has the local community been consulted to inform the planning of this project? \***

Word count:  
Must be at least 50 words.

**What level of environmental impact will your project have? e.g. positive, neutral or adverse and how will this be managed? \***

Word count:  
Must be at least 50 words.

**What are the expected outcomes of the project, what do you hope to achieve and why is it important? \***

Word count:  
Must be at least 50 words.

**How will you know if the aim of the project has been achieved? What methods will be used to measure the success of the project and evaluate whether it met the intended outcomes? \***

Word count:  
Must be at least 50 words.

Maitland City Council reminds applicants they are required to submit an Acquittal Form reporting on results no more than 30 days after the event/activity is completed or within 30 days of receiving funding, if the event/activity has already occurred.

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### Project Budget

\* indicates a required field

**Please note the following points. For more information, please refer to the Community Grants Program Policy and Guidelines.**

- The budget's income must equal expenditure.
- List each item/supplier on a separate line.
- Detail the costs of the project as a whole and not just the expenses that will be funded by the grant.
- Maitland City Council will not pay for the entire project through this grant funding. For every dollar the applicant is requesting from the grant, there must be a matching dollar contribution.
- Identify whether any financial contributions are confirmed or unconfirmed.
- The applicants matching contribution must consist of a minimum of 40% cash contributions. The remaining 60% of matching contributions may be cash and/or in kind.
- The applicants in kind contribution\* may include donated goods, services and volunteer labour/time\*\*. Tasks and calculations must be shown in the table below
- If your project has an in kind contribution, copy the in kind value from the Expenditure column and record it under the Income column. The in kind value must be the same in both the Income and Expenditure columns.

\*Up to 60% of matching contributions can be in kind.

\*\*To calculate the volunteer time or labour your group contributes to the project, use the fee of \$30.00 per hour. For professional service or contractor fees, use the fee of \$75.00 per hour. To calculate community in kind contributions, use the cost price of the supplies, materials or services contributed as a guide.

#### Income

Some common examples of income items might include:

- Grant from Council
- Other grant funding
- Internal funds
- Fundraising/donations
- Ticket sales
- Stallholder fees
- Sponsorship contribution

#### In kind

Some common examples of in kind support might include:

- Unpaid staff or volunteer time
- Donated materials
- Free skilled labour
- Free venue or equipment hire
- Free advertising or marketing support

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## Expenditure

Cash expenses should not include:

- Ongoing staff costs (regular salaries/wages)
- Recurrent operational costs
- Refundable bonds for equipment or facility hire
- Purchase of items for use outside of the project

## Funding Requested

### Total funding requested (grant sought from Council) \*

Must be a dollar amount.

What is the total financial support you are requesting in this application?

### Total project cost \*

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

| Income Description | Income \$ amount | Expense Description | Expense \$ amount |
|--------------------|------------------|---------------------|-------------------|
|--------------------|------------------|---------------------|-------------------|

| Income Description      | Income \$ amount | Expense Description | Expense \$ amount |
|-------------------------|------------------|---------------------|-------------------|
| E.g. Grant from Council |                  | E.g. Venue hire     |                   |
|                         |                  |                     |                   |
|                         |                  |                     |                   |
|                         |                  |                     |                   |
|                         |                  |                     |                   |
|                         |                  |                     |                   |
|                         |                  |                     |                   |
|                         |                  |                     |                   |

### Total income \*

This number/amount is calculated.

### Total expenses \*

This number/amount is calculated.

### Do any of your expenses exceed \$500.00? \*

- Yes  
 No



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**Please upload at least 2 quotes per item over \$500.00 \***

Attach a file:

## Financial Details

\* indicates a required field

Please complete the following questions relating to the financial details of the grant request.

**Is your Group/Organisation incorporated? (Unincorporated groups or individuals applying for a grant must be auspiced by an incorporated body). \***

- Yes  
 No

**Please attach a copy of your Certificate of Incorporation. \***

Attach a file:

**Do you have an ABN? \***

- Yes  
 No

**ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

| Information from the Australian Business Register |                                  |
|---|----------------------------------|
| ABN   |                                  |
| Entity name                                       |                                  |
| ABN status  |                                  |
| Entity type                                       |                                  |
| Goods & Services Tax (GST)                        |                                  |
| DGR Endorsed                                      |                                  |
| ATO Charity Type                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |
| Main business location                            |                                  |

Must be an ABN.

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**Please attach a completed ATO Statement by a Supplier Form with your application. \***

Attach a file:

**Has part funding been received from state or federal funding for the project that you have applied for under this grant? \***

- Yes
- No

**Please provide a description of what state or federal funding has been received and the amount. \***

**What impact will receiving this funding have on your project? \***

- Without this funding the project will go ahead as planned
- Without this funding the project will be delayed until alternative funding sources are sought, but will still be carried out
- Without this funding the scope of the project will need to be amended, but will still be carried out
- Without this funding the project will not go ahead at all

**Is there an income e.g. surplus funds that might be generated from the project? \***

- Yes
- No

**What will you do with any surplus funds? \***

**Do you plan for your project to continue after the proposed grant is spent? \***

- Yes
- No

**How will your project continue? \***

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### Payment Details

\* indicates a required field

**Once funding recommendations are approved by Council, notification letters are emailed to all applicants. Payments are made via electronic bank transfer to the bank account nominated below.**

*Note: If you are being auspiced please provide the bank details of your auspicing organisation.*

#### **Bank Account \***

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

#### **Bank name \***

#### **Email for remittance \***

### Application Checklist

\* indicates a required field

**Before submitting this application, please ensure the following items have been met. Your application will not be considered unless the following are supplied with your application. \***

- A copy of the Group's/Organisation's certificate of incorporation. Where the Group/Organisation is not incorporated, a letter or email from the auspicing organisation is required.
- A copy of the Group's/Organisation's public liability insurance (a minimum of \$20 million coverage).
- Two quotes for each item valued at \$500.00 or more for equipment and services.
- Where the Group/Organisation or individual does not have an ABN, a completed statement by supplier form has been supplied.
- Completed all sections of the Application Form.

At least 5 choices must be selected.

### Declaration

\* indicates a required field

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**Please read and complete the following declaration. I as the applicant declare that: \***

- The information provided in this application is true and correct.
- As a condition of receiving a grant from Maitland City Council, I agree to submit an Acquittal to report on the agreed project result and outcomes, with up to two photos attached, no longer than thirty (30) days after the completion of the project.
- I give Maitland City Council unrestricted license to reproduce, resize and give away the supplied images, for the promotion of Maitland City Council and the City of Maitland. Images supplied have sought all necessary permission and I will be available for any required media coverage for interviews.
- Where applicable, I will acknowledge Maitland City Council's support in any promotional material or media coverage generated by my Organisation/Group in accordance with guidelines following approval by Maitland City Council.
- I give consent to Maitland City Council to make public the name of the Group/Organisation and the funding received, should this application be successful.

At least 5 choices must be selected.