### Community Projects Grants Program Application Form

#### Community Projects 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 Projects Grant aims to build sustainable local communities and enhance the wellbeing and development of the Maitland community. This grant supports community groups and community organisations seeking support to deliver community driven programs and initiatives which demonstrate a strong benefit to the community, with defined objectives and outcomes.

The Community Projects Grant Program has three distinctive sub-categories\* designed to support community led projects, activities and events which contribute to enhancing community wellbeing and/or strengthen the ability of community organisations to respond to community needs:

**Community Strengthening** - capacity building: projects that meet an identified need for the local community, foster opportunities for community participation and allow the community to connect and celebrate with one another.

**Creative Community -** arts and culture: projects that provide opportunities across a broad range of arts, culture and/or local history activities that enhance the quality of life of the community.

**Healthy Active Living -** leisure and recreation: projects that provide opportunities for leisure and recreational activities with the aim of improving health, fitness and quality of life of the community

\*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 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 and 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.

#### **Applicant Details**

\* indicates a required field

Are you applying as an individual or on be  I am applying as an individual  I am applying on behalf of a Group/Organisa	
Group/Organisation Detials	
Name of Group/Organisation * Organisation Name	
<b>Group/Organisation address *</b> Address	
Address Line 1, Suburb/Town, State/Province, and Po	ostcode are required.
Group/Organisation phone number *	
Mush had a Australian ahaan ayaahaa	
Must be an Australian phone number.	
Group/Organisation email *	
Must be an email address.	
Social Media/Website address, if applicab	le (only public sites are required)
Is your Group/Organisation auspiced by an this grant? (Unincorporated groups or ind auspiced by an incorporated body). *  Yes No	

Individual Details						
<b>Project primary cont</b> First Name	act person * Last Name					
FIIST Name	Last Name					
Position within Grou	p/Organisatio	n (if ap	olying on k	oehalf of a	a Group/O	rganisation)
		_			•	
Primary address Address						
Primary phone numb	per *					
Must be an Australian pho	one number.					
Primary email *						
Must be an email address	ò.					
Auspice details						
Name of Auspicing C Organisation Name	Organisation *					
Primary contact pers	son * Last Name					
Thise Name	Last Name					
Auspice postal addre Address	ess *					
Primary contact per	son's phone n	umber *	:			
Must be an Australian pho	one number.					
Primary contact per	son's email *					

Must be an email address. Please attach a letter or email from the auspicing organisation, outlining the arrangement for the application. \* Attach a file: 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. \* O Community Strengthening - capacity building O Creative Community - arts and culture O Healthy Active Living - leisure and recreation Please outline the project details. Name of project \* Expected commencement date \* Must be a date.

Expected completion date *	
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)	
order of priority (if submitting more than one application)	
Has the Group/Organisation run this or a similar event before? *	
<ul> <li>Yes</li> <li>No</li> </ul>	
○ Yes	
○ Yes ○ No	
○ Yes ○ No	
<ul> <li>Yes</li> <li>No</li> <li>Please provide details *</li> <li>Will Maitland City Council Temporary Road Closure and/or Special Even Application Form or Development Application need to be completed to approval for your project? *</li> </ul>	
<ul> <li>Yes</li> <li>No</li> </ul> Please provide details * Will Maitland City Council Temporary Road Closure and/or Special Even Application Form or Development Application need to be completed to	

\* 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? \*

Maral accepts		
Word count: Must be at least 50 words.		
Must be at least 50 words.		
Please describe your project. Please inclu and how you will deliver it within the pro		
and now you will deliver it within the proj	Josea timerramer	
Word count:		
Must be at least 50 words.		
Mast be at least 50 Words.		
How will your project benefit the Maitland	d Community? *	
now will your project beliefft the Mattant	2 Communicy:	
Mord count.		
Word count: Must be at least 50 words.		
Must be at least 30 words.		
How has the local community been consu	Ited to inform the i	olanning of this
project? *	100 10 11101111 1110	5.a
Word count:		
Must be at least 50 words.		
What level of environmental impact will y	our project have?	e.g. positive, neutra
or adverse and how will this be managed?	<b>?</b> *	
Word count:		
Must be at least 50 words.		
What are the expected outcomes of the p	roject, what do you	u hope to achieve a
why is it important? *		
Word count:		
Must be at least 50 words.		
How will you know if the aim of the project		
be used to measure the success of the pr	oject and evaluate	whether it met the
intended outcomes? *		
Word count:		
Must be at least 50 words.		

### Community Projects Grants Program Application Form

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.

#### **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.

\*\*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 contributions

#### In Kind

Some common examples of in kind support might include:

Unpaid staff or volunteer time

<sup>\*</sup>Up to 60% of matching contributions can be in kind.

- Donated materials
- Free skilled labour
- Free venue or equipment hire
- Free advertising or marketing support

#### **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 reque	sted (grant sought f	rom Council) *	
Must be a dollar amount.			
	l support you are request	ing in this application?	
Total project cost *			
Total project cost			
Must be a dollar amount. What is the total budgete	ed cost (dollars) of your p	roject?	
Income Description	Income \$ Amount		on Expense \$ Amount
E.g. Grant from Council		E.g. Venue hire	
Total income *			
This number/amount is c	alculated.		
Total expenses *			
This number/amount is c	alculated.		

Do any of your expenses exceed \$  ○ Yes  ○ No	500.00? *
Please upload at least 2 quotes pe Attach a file:	er item over \$500.00 *
Financial Details	
* indicates a required field	
Please complete the following question request.	ns relating to the financial details of the grant
Is your Group/Organisation incorpapplying for a grant must be ausp  O Yes  No	orated? (Unincorporated groups or individuals iced by an incorporated body). *
Please attach a copy of your Certif Attach a file:	ficate of Incorporation. *
Do you have an ABN? *  O Yes  O No	
ABN *	
The ABN provided will be used to look check that you have entered the ABN	up the following information. Click Lookup above to correctly.
Information from the Australian Business F	Register
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type More	<u>information</u>

ACNC Registration	
Tax Concessions	
Main business location	
Must be an ABN.  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 the you have applied for under this grant? *  O Yes O No	hat
Please provide a description of what state or federal funding has been receive and the amount. *	ed
What impact will receiving this funding have on your project? *  O Without this funding the project will go ahead as planned O Without this funding the project will be delayed until alternative funding sources are sought, but will still be carried out O Without this funding the scope of the project will need to be amended, but will still be carried out O 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	:t? *
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? *	
Payment Details	
* indicates a required field	
Once funding recommendations are approved by Council, notific emailed to all applicants. Payments are made via electronic bank account nominated below.	
Note: If you are being auspiced please provide the bank details of your a organisation.	uspicing
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 is met. Your application will not be considered unless the following with your application. *  A copy of the Group's/Organisation's certificate of incorporation. When	g are supplied ere the Group/
Organisation is not incorporated, a letter or email from the auspicing orgrequired.	
☐ A copy of the Group's/Organisation's public liability insurance (a mini coverage).	
<ul> <li>□ Two quotes for each item valued at \$500.00 or more for equipment at Where the Group/Organisation or individual does not have an ABN, a statement by supplier form has been supplied.</li> <li>□ Completed all sections of the Application Form.</li> <li>At least 5 choices must be selected.</li> </ul>	

### Declaration

\* indicates a required field

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, not 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. Image
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.