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| APPLICATION FOR QUICK RESPONSE GRANT | | | | | | | | | | |
| **Applicant information** | | | | | | | | | | |
| Category of applicant | | | Not-for-profit organisation  Registered charity organisation  Community or resident group  Sporting club  Incorporated association  Individual resident of Clarence (Youth Assistance)  Self-employed artist | | | | | | | |
| Organisation / Individual name | | | Click or tap here to enter text. | | | | | | | |
| Position held in organisation (if relevant) | | | Click or tap here to enter text. | | | | | | | |
| Address | | | Click or tap here to enter text. | | | | | | | |
| Phone | | Click or tap here to enter text. | | | | Email | Click or tap here to enter text. | | | |
| **Grant request details** | | | | | | | | | | |
| Quick Response Grant | | | General - Event/Project/Activity …………………………  Youth Assistance ………….. | | | | | | | |
| Type of Support Requested | | | Monetary…………………………………  In-kind | | | | | | | |
| Value of Support Requested | | | $ Click or tap here to enter text. | | | | | | | |
| How will you use/spend the money? | | | Click or tap here to enter text. | | | | | | | |
| Title of the project/event/activity | | | Click or tap here to enter text. | | | | | | | |
| Has this event or activity been held previously and if so, please provide brief details | | | Click or tap here to enter text. | | | | | | | |
| **Reason for grant request** | | | | | | | | | | |
| Details of the event or activity for which support is requested:  *(For Youth Assistance please attach a copy of the letter confirming your selection/participation in the competition etc)* | | | Click or tap here to enter text. | | | | | | | |
| Details of community benefit provided by the event or activity for which the grant is sought: | | | Click or tap here to enter text. | | | | | | | |
| If the activity is funded in any capacity by another grant, how does this waiver maximise the dollars spent and community benefit:  (*not required for individual assistance*) | | | Click or tap here to enter text. | | | | | | | |
| Identify which council strategy this request is considered to align with | | | Active Living Strategy  City Future Strategy  Community Infrastructure Strategy  Community Wellbeing Strategy  Cultural Creative Strategy  Digital Strategy  Sustainability Strategy | | | | | | | |
| Has the organisation/group/individual previously received grant or sponsorship support? | | | No | | Yes | | Year received: Click or tap here to enter text.  Amount: Click or tap here to enter text. | | | |
| Date of commencement of project/event/activity | | Click or tap here to enter text. | | | | Date of completion | Click or tap here to enter text. | | | |
| How do you plan to acknowledge council’s support? (Please tick all that apply) | | Letter of thanks to councillors  Invite councillors to relevant event  Acknowledgement at event/activity  Provide photos to council  Acknowledgement in the media  Other (please specify)  Click or tap here to enter text. | | | | | | | | |
| Declaration | | * I am a resident of Clarence (for individual applicants) or our group will benefit Clarence (for group applicants); * I certify to the best of my knowledge that the information given on this form is complete and correct; * I have attached a copy of my letter confirming my selection/participation (if applicable); * I understand that Clarence City Council does not accept any liability or responsibility for the proposal in this application and that it is the responsibility of the applicant to provide the appropriate insurance cover; * I agree that, if successful, funds will be used only for the project described on this application; * I consent to the release of project information in the application for promotional and evaluation purposes relevant to Clarence City Council; and * I will seek permission from our group before submitting photographs for use by Clarence City Council. | | | | | | | | |
| Signature  (Signature of Parent/Guardian is required if applicant is under 18 years of age | | Signed by the Applicant who confirms by signing this Application that they have authority to act on behalf of the organisation/group.  Name Click or tap here to enter text.  Signature………………………………………………………………………………………………..  Signature of Parent (of Applicant if under 18 years)  …………………………………………………………………………………  Date Click or tap here to enter text. | | | | | | | | |
| Details for Payment of Grant if approved | | Bank Name Click or tap here to enter text.  Account Name Click or tap here to enter text.  BSB Click or tap here to enter text. Account Number Click or tap here to enter text. | | | | | | | | |
| Lodging your application | | Email to: grants@ccc.tas.gov.au  Post to: Grants Officer, Clarence City Council, PO Box 96, Rosny Park TAS 7018  Deliver to: Reception, Council Offices, 38 Bligh Street, Rosny Park TAS 7018 | | | | | | | | |
| Privacy Statement | | The personal information on this form is required by council for the Community Grants program. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access and/or amend your personal information at any time. How we use this information is explained in our Privacy Policy, which is available at www.ccc.tas.gov.au | | | | | | | | |
| ***OFFICE USE ONLY*** | | | | | | | | | | |
| Is the applicant an eligible organisation under council’s Grants and Sponsorship Policy? | | | | | | | | | | Yes No |
| Do any of the exclusions outlined in council’s requirements apply to this application? I.e. Applicant already in receipt of a QRG this financial year? Resident of Clarence? | | | | | | | | | | Yes No |
| Does the applicant demonstrate required community benefit requirement | | | | | | | | | | Yes No |
| Has the applicant completed the application form? | | | | | | | | | | Yes No |
| Has the applicant identified how they will spend the money? | | | | | | | | | | Yes No |
| Has the applicant identified how they plan to acknowledge Council? | | | | | | | | | | Yes No |
| Is there capacity within current budget cap to approve this request | | | | | | | | | | Yes No |
| Declaration of conflict of interest in assessing this application? *If yes, please provide detail in officer comments.* | | | | | | | | | | Yes No |
| Officer Comments | Click or tap here to enter text. | | | | | | | | | |
| Amount Requested: | $ Click or tap here to enter text. | | | | | | | | | |
| Officer recommendation: | | | | | | | | | Approve / Not Approved | |
| Officer signature: | | | | | | | | |  | |
| **Delegated approval Up to $500 ELT Member** | | | | | | | | | | |
| APPROVED: | | | | | | | | | | Yes No |
| Authorised by: | Click or tap here to enter text. | | | | | | | Date: | Click or tap here to enter text. | |
| Signature: |  | | | | | | | | | |
| **Advice to applicant** | | | | | | | | | | |
| Prepared by: | | | | Click or tap here to enter text. | | | | | | |
| Date applicant advised of outcome: | | | | Click or tap here to enter text. | | | | | | |