Clarence... a brighter place

Partnership Grant
Application Form

Before completing this form you must have:

☐ read the grants guidelines,

☐ had a meeting with the Community Grants Officer and relevant Council Officer to discuss your expression of interest, and

☐ you have been invited to submit an application.

1. The Applicant

Organisation: _____

Postal address: _____

_____ Postcode: _____

Contact Name: _____ Position: _____

Business Hours Phone: _____ Mobile phone: _____

Email: _____ Website: _____

What is your organisational status? (attach evidence of this status)

☐ Incorporated Entity (Incorporated Associations); or

☐ Australian Public Company, limited by guarantee; or

☐ Charitable Institution; or

☐ Public Benevolent Institution (PBI); or

☐ Health Promotion Charity (HPC).

If your organisation does not have a legal 'not for profit' status, you will require an organisation who has that status, to auspice your grant application

Is your organisation registered for GST? ☐ YES ☐ NO ABN: _____

(if you do not have an ABN you must complete, sign and attach the Statement of a Supplier form available online at **www.ato.gov.au/content/downloads/nat3346.pdf**)

2. Your Project

Title: _____

Brief project description (This description will be used by Council to promote your project if successful.):

_____

_____

Start Date: _____ Finish Date: _____

Amount of Grant requested $ _____ Total project cost $ _____

Type of funding:

☐ One-off

☐ Recurrent (please specify amount/s and timeframe) _____

TELL US MORE ABOUT YOUR PROJECT IN DETAIL

What are you going to do?; Where are you going to do it?; When are you going to do it?;
How are you going to do it?

Please select any of the specific areas that your project supports.

- ☐ Arts & Culture
- ☐ Community and Participation
- ☐ Positive Ageing
- ☐ Sport & Recreation
- ☐ Heritage & History
- ☐ Health & Wellbeing
- ☐ Disability Access
- ☐ Environment
- ☐ Tourism & Events
- ☐ Youth
- ☐ Volunteering
- ☐ Diversity

HOW DOES YOUR PROJECT ALIGN WITH ANY OF COUNCIL'S PLANS

Including Strategic Plan; Cultural Arts Plan; Positive Ageing Plan; Youth Plan; Disability Access Plan; Cultural History Plan; Health & Wellbeing Plan; Clarence Events Plan; Economic Development Plan; Reserve Activity Plans

DOES YOUR PROJECT HELP TO:

- ☐ Enhance community safety and well-being?
- ☐ Create a sense of place by improving public spaces?
- ☐ Recognise and celebrate our cultural diversity?
- ☐ Encourage engagement and participation in the community?
- ☐ Encourage people to work together to promote ethical and sustainable development?
- ☐ Market and promote the natural and / or built tourism assets of the city?
- ☐ Encourage individuals and / or groups to work together to enhance the City's built or natural environment?
- ☐ Promote water conservation and energy conservation in the community?
- ☐ Promote alternative, energy efficient transport?

How does your project achieve the priorities you selected above?

What evidence is there of genuine community need for this project? Include details of any consultation with other organisations to determine need.

What will your project achieve?

Are other organisations involved in implementing the project? ☐ Yes ☐ No

If yes, provide details and clearly indicate their role/s. E.g. planning, fundraising, promoting, delivering etc.

Who will benefit from your project? e.g. children and families, older people, culturally and linguistically diverse people, low income families, people with a disability.

What benefits will your project bring to the people or environment of Clarence?

3. Promotion & Marketing

It is a condition of Council funding that you will acknowledge Council's contribution to your project.

How will you do this?

4. Tell Us More About Your Organisation

When was your group established? _____

How many members does your organisation currently have? _____

Approximately how many people access your organisation's facilities /services annually? _____

Explain your organisation's governance (e.g. committee structure, meeting schedule, decision making, record keeping)

What are the goals / aims / objectives of your organisation?

What achievement/s are you most proud of?

5. Project Plan

Tell us about the steps you will take as you plan and deliver your project

Project Tasks Brief description of each task	**Time Frame** Approx date when task performed

HOW WILL THE PROJECT BE SUSTAINABLE IN THE FUTURE?

How will you provide ongoing financial support for the project at the completion of the grant?

How will you evaluate the outcome of the project?

WHO WILL MANAGE THE PROJECT?

Please provide a summary of what they will do, and relevant qualifications and experience

AUSPICING ORGANISATION'S DETAILS

This section must be completed if your organisation does not have a legal "not for profit" status.

- Attach a copy of letter of agreement from your auspicing organisation
- Attach copy of evidence of your auspicing organisation's status e.g. certificate of incorporation

Auspicing Organisation's Name: _____ ABN _____

Postal address: _____

_____ Postcode: _____

Contact Name: _____ Phone: _____

Email: _____

6. Budget exclusive of GST

ESTIMATED EXPENSE DETAILS

Please indicate how you will expend your Council grant by entering detail in Column A and how you will expend other other funds by entering detail in column B below.

Budget item Description of item / activity	Council Grant (Column A)	Other funds (Column B)
Sub Totals		

TOTAL PROJECT EXPENDITURE

Column A + Column B $

Estimated Project Income	
Amount requested from Clarence Council	$
Your own financial contribution	$
In-kind contribution (please provide detail) E.g. Provision of venue	$
Volunteer staff Volunteer costs can amount to a maximum of 25% of total budget (refer guidelines)	$
Other grants / sponsorship	$
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL PROJECT INCOME	$

* Total project expenditure and total project income should be the same*

7. Declaration

This declaration must be signed by a person authorised to sign on behalf of your organisation.

- I certify to the best of my knowledge that the information given on this form is complete and correct.
- I understand that approval of the grant is subject to mutual agreement between Clarence City Council and the applicant.
- I agree to ensure all necessary approvals/permits are obtained prior to the project/program/event taking place.
- I will provide appropriate insurance to cover the proposed project and abide by all relevant health and safety standards.
- I understand that if Clarence City Council approves a grant, I will be required to accept the conditions of the grant in accordance with Clarence City Council requirements.
- 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 or their sponsor to provide the appropriate insurance cover.
- I agree that if funded, funds will be used only for the project described on this application.
- I consent to the release of project information in this application for promotional and evaluation purposes relevant to Clarence City Council.
- I will seek permission from our group before submitting photographs for use by Clarence City Council.

Signature: _____ Date: _____

Print name: _____

Position in Organisation: _____

Witness signature: _____ Date: _____

Witness Name: _____

8. Details For Payment Of Grant If Approved

Bank Account Name: _____

BSB: _____ Account Number: _____

Lodging Your Application

Lodge your application by the close of business on the 1st October each year.

Post to: Grants Officer, Clarence City Council, PO BOX 96, Rosny Park TAS 7018
Deliver to: Reception, Council Offices, 38 Bligh St, Rosny Park TAS
Email to: grants@ccc.tas.gov.au

LATE APPLICATIONS WILL NOT BE ACCEPTED

9. Check List

Before submitting your application, please ensure you have done the following:

- ☐ Read the grant guidelines
- ☐ Completed all sections and signed the application form
- ☐ Attached a copy of your organisation's Certificate of Incorporation
- ☐ Attached a financial statement or Annual Report for your organisation for the previous financial year
- ☐ If applicable, attached a letter from the auspicing organisation
- ☐ Attached any supporting documentation (e.g. letters from stakeholders confirming their support, CVs of key personnel, a marketing plan for the project)

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** or at Council offices..

PRO FORMA
AUSPICING ORGANISATION'S LETTER OF AGREEMENT

This letter must be provided on the auspicing organisation's official letterhead.
The auspicing organisation must also supply copies of:
☐ Certificate of incorporation
☐ Recent audited financial statement

[date]

General Manager
Clarence City Council
PO Box 96
Rosny Park TAS 7018

Dear General Manager

[Organisation name] is prepared to act as the auspicing entity for the [name of applying organisation] should it be successful in obtaining funding from the Clarence City Council Grants Program to undertake [name of proposed project].

In undertaking this auspicing arrangement we accept responsibility for the management of advanced funds and acquittal requirements of Clarence City Council grants program, as well as all insurance risk of the funded project.

I have attached copies of our current certificate of incorporation and our most recent audited financial statement.

Yours sincerely

[name]
[position]