Annual Community Grants 2024/2025

* indicates a required field

Please read the below information before beginning your application for a Community Grant 2024/2025. Applications will need to comply with the Community Grants Policy

Background

Council will provide financial assistance to local not-for-profit, incorporated and registered charitable organisations delivering services to and providing activities for residents of the Hills Shire.

Subject to conditions and match funding, grants of \$2,501 up to \$25,000 can be applied for.

Projects must be delivered in the Hills Local Government Area.

Project Completion and Funding Acquittals

When will I receive my funding to begin my project?

Funding will be paid following Council endorsement of recommended applications by the assessment panel. Successful applicants should expect their funding payment by September 2024. Subject to change.

Projects must be delivered within the timeframes outlined in your project application.

What types of funding require an acquittal/completion report?

Grants in excess of \$7,501 require a completion report and a formal acquittal that includes an audited financial report signed by a Chartered Accountant or Certified Practicing Accountant.

Grants for \$7,500 and less require a completion report to be submitted.

Acquittals/completion reports must be submitted within 60 days of the project completion.

I confirm that I understand the requirements for funding acquittal/completion reporting $\ensuremath{^{*}}$

O Yes

Application Checklist

Please prepare the following documents for inclusion in your application submission.

You may use the below checklist to tick off the forms as you collect them. You will be asked to upload these supporting documents within the application.

| Organisation's Annual Report (if applicable) |
|--|
| Most recent bank statement/s - Must include current bank account balance |

| □ Audited Financial statement completed by a Chartered Accountant or Certified Practicing Accountant for the organisations previous years financials □ Certificates of Currency for Public Liability Insurance - minimum of \$20Mil coverage □ Details of any partnerships in delivering the project, including letters of support □ If raising funds for a charity, provide a supporting letter from the nominated charity/s □ Project Timeline Information including a comprehensive project plan □ A comprehensive and complete budget showing all income and expenditure along with match funding in your budget □ Two quotes for each item over \$2,000, applicable for all items of expenditure □ Background Statements and Conflict of Interest Disclosure forms for all Applicants and Organising Committee members Please ensure you upload all required documents in the application form. Failure to do so my result in your application not proceeding to assessment |
|--|
| Enquiries |
| Community Outcomes Team |
| Email: grants@thehills.nsw.gov.au |
| Phone: 02 8848 6718 |
| |
| Application |
| * indicates a required field |
| General Information |
| Organisation Name * Organisation Name |
| |
| Applicant Name * |
| |
| Applicant Position * |
| |
| Applicant Primary Address * Address |
| |
| Suburb State Postcode |
| Must beAddress Line 1, Suburb/Town, State/Province, and Postcode are required |

Applicant Primary Phone Number *

| Must be an Australian phone number. |
|--|
| Annilland Makila Bhana Namhan * |
| Applicant Mobile Phone Number * |
| Must be an Australian phone number. |
| |
| Applicant Primary Email * |
| Must be an email address. |
| Must be all elliali address. |
| Applicant 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 |
| ACNC Pagistration More information |
| ACNC Registration Tax Concessions |
| Main business location |
| Mail busiless location |
| Eligibility |
| Does your organisation have an Annual Report * ☐ Yes ☐ No |
| If yes please upload document |
| Please upload a copy of the latest Annual Report for your organisation Attach a file: |
| |
| Does your organisation hold a Certificate of Currency for Public Liability Insurance - min of \$20 Mil in Coverage * ☐ Yes ☐ No |
| If yes please upload documentation |
| Please upload your Certificate of Currency for Public Liability Insurance * Attach a file: |

| Has your organisation provided all proje Council for previous funding received fr | |
|--|---|
| ○ Yes ○ No | No previous funding received |
| If NO, please specify why you could not | acquit your previous grant |
| No more than 100 words | |
| Conflict of Interest | |
| | ut the Organising Committee and persons that project that indicates to the assessment panel with Council and Council staff. |
| Examples include (but not limited to): partici member of a political party, have an existing | pating on boards with current Council members DA under consideration, etc. |
| Declaring a conflict will not prevent you from | n moving to assessment. |
| Applicants and Organising Committee memb Statements and Conflict of Interest Forms | ers are required to complete Background |
| Please send the link to all Organising Commi | ttee members to complete. |
| The PDF of the completed declaration can be as a single file or separate files. | e collated by the applicant and uploaded below |
| NB. If Conflict of Interest forms for the Committee members are not uploaded to assessment. | Applicant and ALL Organising with your application, it will not progress |
| How many people are involved in the or (including the applicant) * | ganising committee for the project |
| Must be a number. | |
| Background Statements and Conflict of Conflict of Interest Form (download for | • |
| Please upload completed copies of your Interest Forms for ALL members. * Attach a file: | Background Statements and Conflict of |
| The number of Background Statements and Confl people provided in the response above | ict of Interest forms must match the number of |
| Have you uploaded Background and Cor | |
| involved in the Organising Committee for Yes Failure to do so will result in your application not provided in the Organising Committee for Yes | or the project, as per your answer above * O No progressing to assessment |

Project Details and Budget

| * indicates a required field |
|---|
| Project details |
| Please upload your project's full timeline and Project Plan * Attach a file: |
| Project Title * |
| Provide a name for your project. Your title should be short but descriptive |
| Project Location * |
| Must be located in the Hills Local Government Area |
| Project Details * |
| |
| Word count: Must be no more than 100 words. |
| Project Innovation - Please outline how the project is original and why Council should support it * |
| |
| Word count: Must be no more than 100 words. |
| Project Reach - please explain how residents from The Hills LGA will benefit from this project / event. Provide research or evidence on the proposed numbers. * |
| |
| Word count: Must be no more than 100 words. |
| Organisational Capability Statement - please demonstrate your operational capability to deliver this project * |
| |
| Word count: Must be no more than 100 words. |

| or activity will i | icipation impact - please explain now the increase community outcomes and partici s Shire Local Government Area? * | , , |
|-----------------------------------|--|---------------------------|
| Word count: Must be no more th | nan 200 words. | |
| | he project or activities viability should Co sistance requested | ouncil not provide 100% o |
| Word count: 100 words | | |

Not for Profit Outdoor and Indoor Theatre/Event Support Venue Access Fee

Will you be accessing the Not for profit Outdoor and Indoor Theatre/Event support via Council's Fees and Charges *

☐ Yes ☐ No

Refer page 178 of Fees and Charges

Example

You must include Council's contribution for room hire as this forms part of your grant funding.

The full cost of venue hire is to be shown in the expenditure column eg. \$2,430 (Full cost of hiring Pioneer theatre)

The full cost (\$2,430) less the Not for Profit Outdoor and Indoor Theatre Event Support Venue Access Fee (\$124) is to be shown in the income column eg \$2,430 - \$124 = \$2,306 The amount of \$2,306 is to be shown in the income column.

| Income | Amount | Hint | Expenditure | Amount | Hint |
|--------------------------------|--------|------|------------------------------|--------|--|
| Venue Hire Fee Contribution | | | Full Venue Hire (example) | | Full rate to hire venue (eg Pioneer Theatre) |

Budget

Note: Your request for a Community Grant must be an amount no greater than 50% of your total budget as Council requires dollar matching (excluding in-kind contributions). For example, if you are applying for \$15,000 in Council grant funding, your total expenditure budget must be a minimum of \$30,000.

Please provide clear descriptions for each budget item in the 'Income' and 'Expenditure' tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

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Form Preview

Examples of income include Council Community grant, self funded, or fundraising. Examples of expenses include project materials or venue hire.

Please show all areas of income/expenditure including sponsorship, partnerships and in-kind arrangements and itemise each income and expenditure amount.

- ** Please note: As per the policy Grant funding cannot be used for normal ongoing organizational expenditure that would normally be funded by the operations of the organisation on an ongoing basis.
- ** Please note: As per the policy, for transparency reasons, a statement will need to be provided if the applicant intends to renumerate any of the organizing committee with the name of the person and the amount included as a line item.

| Income | \$ Expenditure | \$ |
|-------------------|-----------------------|----|
| eg. Council Grant | eg. Venue Hire | \$ |
| eg. Self funded | eg. Project Materials | \$ |
| eg. Ticketing | eg. Catering | \$ |
| eg. Sponsorship | eg. Security | \$ |
| | eg. Staff | \$ |

Budget Totals

Your budget **MUST** balance (TOTAL CASH INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

This enables Council to ensure that all funds for the project are accounted for.

| Total Income Amount * | Total Expenditure Amount * | Income - Expenditure * |
|-----------------------------------|-----------------------------------|---|
| \$ | \$ | \$ |
| This number/amount is calculated. | This number/amount is calculated. | This number/amount is calculated. This number should equal zero |

Total Amount Requested *

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application? (Council contribution)

| Total Project Cost * | |
|---|---------|
| \$ | |
| Must be a dollar amount. | |
| What is the total budgeted cost (dollars) of your p | roject? |

Quotes for your project

Each single item of expenditure or equipment over \$2,000 must have two quotes provided, ie. any and all items of expenditure over \$2,000 whether funded by Council or not.

Do you have items in your budget over \$2,000 * ☐ Yes ☐ No If you selected YES you must provide two (2) quotes for each item over \$2,000

| Upload project Attach a | budget | have for items o | f expenditure over \$2 | 2,000 to support your |
|---|-------------------------------------|------------------------|--|------------------------------|
| | | | | |
| You must | provide 2 x quotes | for each item over \$2 | 2,000 | |
| immedi | ately and no late | er than 5 busines | please contact Cour ss days before the pr utcome of the discus | ogram closes to |
| Word co | unt: | | | |
| Partne | rships | | | |
| Are you event? | | another organis | sation/s to deliver thi | s project, activity or |
| Please inc | clude financial contri | bution of partnership | os in your budget | |
| Please ic | lentify in the space | e below any partne | erships you will engage | for this project. |
| | de the details of mof this section. | ore than one partn | ership you will need to | click Add More at the |
| Partner IndivideOrganisa | | rganisation | | |
| | | | | |
| Title | First Name | Last Name | | |
| Partner | Primary Addres | c * | | |
| Address | Timary Address | | | |
| | | | | |
| Suburb | State Postcoo | le | | |
| | | | and Backer de annum | don d |
| Must bea | aaress Line 1, Subur | b/Town, State/Provir | nce, and Postcode are requ | Jirea |
| Partner | Primary Phone | Number * | | |
| Must be a | n Australian phone | number. | | |
| Partner | Primary Email * | | | |
| Must be a | n email address. | | | |

| Role in project * | |
|---|----------|
| | |
| Must be no more than 100 words. | |
| Funding / in-kind support committed * | |
| \$ Must be a dollar amount. | |
| Must be a dollar amount. | |
| Please upload a letter of support from the partnering organisation * Attach a file: | |
| | |
| Fund Raising | |
| Do you expect to raise funds for a charity (other than your organisation)? \bigcirc Yes \bigcirc No | * |
| How much do you expect to raise for the charity(s) | |
| \$ | |
| Leave blank if not applicable | |
| Articulate how the funds raised will be used | |
| | |
| | |
| Word count: must be no more than 100 words | |
| Please upload the Charity status documentation and supporting letter from Charity you are fundraising for Attach a file: | n the |
| | |
| Supporting Documents | |
| Please upload copies of the Organisation's Audited Financial Statement completed by a Chartered Accountant or a Certified Practicing Accountant past two financial years. Attach a file: | for the |
| | |
| | |
| Please upload your most recent primary bank statement/s Attach a file: | |
| | |
| Applications without a copy of bank statement/s may be scored less in assessment as these to assess your financial capability to deliver your project | are used |

Privacy Notification & Acknowledgement

* indicates a required field

Acknowledgement

I acknowledge I have uploaded all the required documents and understand if not, my application will not proceed to assessment *

O Yes

Privacy notification

All personal information obtained by Council will be collected and stored in conjunction with the Privacy and Personal Information Act (PPIPA) 1998.

The intended recipients of the personal information are:

- · Officers within Council;
- Data service providers engaged by Council;
- Any other agent/contractor of Council; and
- Statutory Authorities.

The supply of the information by you is voluntary. However, if you cannot provide or do not wish to provide the information sought, Council may be limited in dealing with your request.

Council has collected this personal information from you in order to process your application.

You may make application for access or amendment to information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such request in accordance with PPIPA.

Council is to be regarded as the agency that holds the information.

Enquiries concerning this matter can be addressed to the Public Officer on 9843 0159.

| I | agree and | d accept | the a | bove p | rivacy | notification | * |
|---|-----------|----------|-------|--------|--------|--------------|---|
| C | Yes | | | | | | |