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WEDDIN SHIRE COUNCIL

COMMUNITY PROJECT SUPPORT APPLICATION – Large (>$1,000)

Weddin Shire Council is committed to the continued development of community capacity and sustainable communities through the provision of support to community organisations.

Page 1 of 9

**Introduction**

This form should be used to submit requests for Council assistance including financial and/or in kind assistance (e.g. staff time, Council equipment such as cool room, bins etc.) where the total value is over $1,000. Information on the cost of Council equipment can be found in Councils Fees & Charges Schedule which forms part of Councils Operational Plan.

Applicants should submit completed applications to Council no later than the first Friday of the month for the application to be considered at the next Council meeting on the Third Thursday of the month. Note – Council does not currently meet in January. Applications should be submitted at least two months prior to project commencement. Please submit the completed applications and any required supporting information to Weddin Shire Council at:

Email: [mail@weddin.nsw.gov.au](mailto:mail@weddin.nsw.gov.au) Post: Weddin Shire Council

PO Box 125

Deliver: Councils Administration Office GRENFELL NSW 2810

Corner of Camp & Weddin Streets

GRENFELL NSW

**Project Title**

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| Click or tap here to enter text. |

**Project Location**

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| Click or tap here to enter text. |

**Do you require approval from landowner to undertake works/activities on their land?**

**Yes  No** *If yes, please attach*

**Community Organisation**

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| Click or tap here to enter text. |

**Is the organisation a not-for-profit entity? Yes  No**

**Public Liability Insurance Policy No:** Click or tap here to enter text.

**Please attach your organisation’s Public Liability policy with your grant application**

**Project Contacts**

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| --- | --- | --- | --- |
| **Primary Contact** | | **Secondary Contact** | |
| **Name** | Click or tap here to enter text. | **Name** | Click or tap here to enter text. |
| **Position** | Click or tap here to enter text. | **Position** | Click or tap here to enter text. |
| **Postal Address** | Click or tap here to enter text. | **Postal Address** | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. | **Phone** | Click or tap here to enter text. |
| **Mobile** | Click or tap here to enter text. | **Mobile** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. | **Email Address** | Click or tap here to enter text. |

**Bank account details for payment of funds**

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| **Account name** | Click or tap here to enter text. |
| **Bank State Branch Number (BSB)** | Click or tap here to enter text. |
| **Account number** | Click or tap here to enter text. |

**Project outline** – Please provide details of the project including details of all project planning completed to date and details of how the funds requested will be used

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| Click or tap here to enter text. |

**What is requested from Council** – Please provide details of what is requested from Council

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| Click or tap here to enter text. |

**Project objectives/benefits and community need** – Please demonstrate the community need for the project and details of the project objectives/benefits that will be delivered and details of who directly benefits from the project

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| Click or tap here to enter text. |

**Links to Weddin Community Strategic Plan** – Please identify how the project objectives/benefits link with the Weddin Community Strategic Plan objectives

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| Click or tap here to enter text. |

**Other information** – Please provide details of any other information that is relevant to your application

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| Click or tap here to enter text. |

**Is planning, building or any other approvals required to undertake this project?**

**Yes  No**

*If yes, please provide details of progress made to date to obtain these*

**Timeline**

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| --- | --- |
| **Start date** | Click or tap here to enter text. |
| **Finish date** | Click or tap here to enter text. |

**Budget** – Please complete the Budget including details of all funding sources and all expenses.

Please attach copies of supplier quotes to the application

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| --- | --- | --- | --- |
| **INCOME** | **AMOUNT** | **EXPENDITURE** | **AMOUNT** |
| **Donation Amount Requested** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Total In Kind Contribution**  (Including any In Kind assistance requested from Council) | Click or tap here to enter text. |  |  |
| **TOTAL INCOME** | Click or tap here to enter text. | **TOTAL EXPENDITURE** | Click or tap here to enter text. |

**In Kind Calculator** - Please provide details of how any In Kind contribution has been calculated

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| **GOODS OR SERVICE** | **SUPPLIER** | **HOURS/**  **QUANTITY** | **RATE** | **TOTAL VALUE** |
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| **TOTAL IN KIND CONTRIBUTION** | | | | Click or tap here to enter text. |

**Example budget** – (based on a $5,000 project)

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| --- | --- | --- | --- |
| **INCOME** | **AMOUNT** | **EXPENDITURE** | **AMOUNT** |
| **Donation Amount Requested** | $1,000 | Materials Purchased | $1,000 |
| Ticket Sales/Entry Fees | $2,000 | Contract Services | $3,000 |
| Sponsorship | $ 500 | In Kind donated materials | $ 500 |
| Merchandise Sales | $ 500 | In kind site preparation & clean up | $ 500 |
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| **Total In Kind Contribution** | $1,000 |  |  |
| **TOTAL INCOME** | **$5,000** | **TOTAL EXPENDITURE** | **$5,000** |

**Undertaking and Authoristion/Declaration**

In submitting this application, we hereby undertake to be bound by the following General Terms and Conditions and any additional Specific Terms and Conditions as resolved by Council when determining our community project support application.

GENRAL TERMS AND CONDITIONS:

1. Approved Community Project Support Funds will only be used for the purpose as outlined in this application, unless written permission for a variation has been obtained from Council prior to the funds being spent.
2. All required permits, licenses, approvals and insurance will be obtained.
3. We will acknowledge the assistance of Weddin Shire Council in all related promotions and promotional material. Approval by Council Officers will be sought for Artwork featuring Council’s logo.
4. We will complete a final report to Council no later than one month after the event or project completion which includes:
   1. A final budget summary
   2. Confirmation on how the Approved Community Project Support Funds were spent
   3. Evaluation of the event and measurement of the benefits delivered objectives obtained
   4. Participation rates/attendance figures
   5. Copies of promotional material and media coverage generated
   6. Details of the acknowledgement of Weddin Shire Council’s support
5. We will manage the resources of our organisation to the best of our ability and as efficiently as possible.
6. We will maintain appropriate internal controls over the finances and day to day operations of our organisation.
7. We indemnify, and promise to keep forever indemnified, Council, their respective officers, servants, agents and employees against all actions, suits, claims, demands, costs and other liabilities whatsoever of any nature which we or any third party now has or at any time may have, in equity, at law, under statute or otherwise, arising either directly or indirectly from, or in any way connected with the project/event for which this application of funding is being made.
8. We forever release and forever discharge Council from all actions, suits, claims, demands, costs and other liabilities whatsoever of any nature which we now have or at any time may have, in equity, at law, under statute or otherwise arising either directly from, or in any way connected with the project/event for which this application of funding is being made.

I certify to the best of my knowledge, the information contained within this application is true and correct.

**President**

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| **Name** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |

Please submit the completed application and any required supporting information to Weddin Shire Council at:

Email: [mail@weddin.nsw.gov.au](mailto:mail@weddin.nsw.gov.au)

Post: Weddin Shire Council

PO Box 125

GRENFELL NSW 2810

Deliver: Councils Administration Office

Corner of Camp & Weddin Streets

GRENFELL NSW

**Final Report**

**Project Title**

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| Click or tap here to enter text. |

**Evaluation/ report on achievement of the project objectives/benefits** – Please provide a project evaluation (including participation rates/attendance etc.) to demonstrate achievement of the proposed project objectives/benefits OR outline reasons as to why they were not achieved. Please also outline participation rates

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| Click or tap here to enter text. |

**Final Budget** – Please complete a final Budget including details of all funding sources and all expenses.

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| **INCOME** | **AMOUNT** | **EXPENDITURE** | **AMOUNT** |
| **Donation Amount Received** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Total In Kind Contribution** | Click or tap here to enter text. |  |  |
| **TOTAL INCOME** | Click or tap here to enter text. | **TOTAL EXPENDITURE** | Click or tap here to enter text. |

**Explanation of significant budget differences** – Please provide details of any significant variation to the original budget included in the original application

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| Click or tap here to enter text. |

**Acknowledgement of Support** – Please provide details of how Council’s support was acknowledged

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| Click or tap here to enter text. |

**Other** – Please provide any other feedback you would like to provide

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| Click or tap here to enter text. |

Please attach and/or email to [mail@weddin.nsw.gov.au](mailto:mail@weddin.nsw.gov.au):

* any photos you would like to share
* a copy of any promotional material and media coverage generated in relation to your project

I sincerely declare that the project stated herein, funded in partnership with Weddin Shire Council Community Project Support, has been satisfactorily completed.

I declare that the funding committed to the project was spent in accordance with the approved Community Project Support Application or approved variation.

I certify to the best of my knowledge, the information contained within this final report is true and correct.

**President**

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| --- | --- |
| **Name** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |