

LACHLAN SHIRE COUNCIL

Community Donation and Event Support Policy

FUNDING APPLICATION FORM



Please read the policy carefully before completing this application form, as applications that do not meet the stated funding criteria may be deemed ineligible. Should you require assistance or advice in completing the application form, please contact Council on (02) 6895 1900.

PART A - Applicant Details

Name of group/organisation:

Postal Address:

Contact Person:

Position in group\organisation:

Telephone/Mobile:

Email Address

Is your organisation incorporated?

Yes

No

Does your organisation have an ABN?

Yes

No

ABN

Does your organisation have Public Liability Insurance?

Yes

No

If yes, please attach a valid Certificate of Currency.

PART B - Project Details

Project Title:

Project Location:

Proposed Start Date:

Proposed End Date:

Summary of Project:

Briefly summarise what your organisation does i.e. its mission.

How will this project benefit the local community?

Please estimate the number of participants and/or spectators in your project.

How will the success of the project be evaluated by your organisation?

How will your organisation acknowledge the financial contribution from Council?

Please outline how your organisation will manage this project.

PART C - Funding Sources

Has your organisation received funding assistance from Council before?

Yes

No

If Yes, in which financial year did your organisation last receive funding:

Please provide details of any funding sought from other sources for this project.

Funding Source	Amount	Secured (Yes or No)

Please outline how your organisation intends to manage and be accountable for the funds allocated, should your submission be successful.

PART D - Project Budget

Please provide a detailed budget for your project. It is important that you clearly identify expenses by type and that every effort is made to reasonably estimate the level of income expected from sources such as entrance fees and sponsorship.

Is project budget attached before? Yes No

Project Budget Summary:	Amount
Cash contributed by your organisation:	
Cash from other sources:	
In kind contribution, approximate value e.g. Volunteer	
Amount requested from Lachlan Shire Council	
Total Cost of Project:	

Authorisation:

I, (print name)

certify that this application for funding was approved by the management committee of this organisation on

(insert Date).

Signed: Date: