

# COMMUNITY GRANT ASSISTANCE 2019-2020

The Gwydir Shire Council is committed to ensuring that community groups and community based projects within the Shire are supported through the development of skills and resources, enabling local organisations to achieve funding security and sustainability.

To achieve this goal Council can assist community groups and businesses identify appropriate grants for their community projects, prepare and submit grant applications, liaise with funding providers and facilitate partnerships across the community to deliver bigger and better funding outcomes for the Shire.

To be eligible for assistance groups/organisations/individuals are required to:

- Be located within the Gwydir Shire Council area
- Have the majority of members residing in the Gwydir region
- Be a non-profit group/charitable organisation; and
- Provide a community benefit to the residents of the Gwydir Shire Council area

# YOUR CONTACT INFORMATION

Mr / Mrs / Miss / Ms				
The Organisation you represent:				
Position in Organisation:				
Postal Address:				
	Po	st Code		
Your Phone No. (work):				
Phone No. (mobile):				
Email Address:				
SECTION ONE - ORGANISATION DETAIL	LS			
s your organisation:				
Non-profit		YES 🗆	NO	
<ul><li>Incorporated</li></ul>		YES 🗆	NO	
f yes, please select the type of incorporation				
☐ Company limited by guarantee				
☐ Co-operative				
☐ Incorporated Association Number:				
☐ Other (please specify):				
<ul> <li>Auspiced</li> </ul>		YES 🗖	NO	
Name of auspicing organisation:				
(Please note Council is happy to auspice grants on behalf of the				

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### **SECTION TWO - PURPOSE OF DONATION**

1.	What projects or initiatives are you seeking to fund? Please provide as much detail as you can about the project. (If you have more than one project please use an additional sheet of paper)
SE	CTION THREE - COMMUNITY NEEDS
1.	Describe the community need your project will seek to address?
2.	How was this community need identified?
3.	How will your project meet this need?

# **SECTION FOUR – EFFECTIVE PROJECT DELIVERY**

1.	Does your organisation have previous experience in delivering any similar projects? Please provide details below.
2.	Does your organisation have previous experience in managing funding?  ☐ YES ☐ NO
3. a)	Please provide details for how you will deliver your project including objectives you are seeking to achieve and the major tasks you will do.
3. b)	Please provide a timeline for delivering your project in the space below, from the start date to the finish date
Starti	ng date/
Detai 	
	ated Finishing Date//
Detai	Is
Any r	nilestone events

### **SECTION FIVE - VALUE FOR MONEY**

Please provide details of the total amount of funding required and a break-down of the costs.
Total Amount \$
SECTION SIX – ADDITIONAL INFORMATION
Please provide any additional information below that you would like to bring to the Council's attention to assist us find suitable grant for your organisation: