



Community Small Grants Program

APPLICATION FORM 2011/2012

GRANT CATERGORIES

1. What category of grant funding do you wish to be considered for? *(Please check guidelines)*

Please select **ONE** only:

- Culture and Events
- Health and Well Being
- Sport and Recreation
- Minor Works

ORGANISATION DETAILS

2. Please complete the following details:

ORGANISATION DETAILS	
Organisation Name	
Street address	
Postal address	
CONTACT DETAILS	
Contact Name	
Position title	
Phone	(02)
Mobile	
Fax	(02)
Email	

3. Is your organisation?

- An incorporated association
- A registered charity
- A cooperative
- Seeking to become one of the above

4. What are main aims and activities of your organisation?

ROLE OF YOUR ORGANISATION	
Principal services, activities or events	
Primary target group and or beneficiaries of activities	
Membership base or estimated number of people benefiting from the organisation's activities	

5. Please complete the following details:

FINANCIAL DETAILS	
Incorporation registration number	
Australian Business Number (ABN)	
Is your organisation registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your organisation covered by Public Liability Insurance? <i>Please provide details of Insurance Company and cover.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT SPECIFICATIONS

6. Please outline the following details:

PROJECT DETAILS	
Project Name	
Project description	
Total amount requested	\$
Key dates	Proposed start date: Anticipated finish date:

TARGET GROUP	
Who is your primary target group?	<input type="checkbox"/> Older people (over 60 years) <input type="checkbox"/> People with a disability <input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> People from diverse cultural backgrounds (CALD) <input type="checkbox"/> Aboriginal and Torres Strait Islander People (ATSI) <input type="checkbox"/> Young people and/or their families <input type="checkbox"/> Children/youth <input type="checkbox"/> Other
Is your project offered within the Camden LGA or primarily for the Camden Community? <i>(Minimum of 75% participants from the LGA)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximately how many people will benefit from your project?	

OUTCOMES

7. Please explain the following:

OUTCOMES	
How will the project benefit the local Camden community?	
How do you know this project is needed?	
Will your organisation be entering into any partnerships for the project? If yes, please describe.	

CAPACITY

<ul style="list-style-type: none"> ▪ What other activities and services has your organisation provided in the previous 12 months? ▪ Why do you think you are best placed to deliver this project? 	
<p>Other than money, what will your organisation contribute towards the project?</p> <p><i>For example:</i></p> <ul style="list-style-type: none"> • <i>Voluntary labour</i> • <i>Office space</i> • <i>Equipment</i> 	

SUSTAINABILITY

<p>Do you expect the project to continue after the Financial Assistance funding has ceased?</p> <ul style="list-style-type: none"> ▪ <i>If yes, how do you intend to continue to run the project?</i> ▪ <i>If no, what exit strategies will you use to wind down the project?</i> 	
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PREVIOUS FUNDING

Have you previously been funded by Camden Council under this financial program?

Yes What year were you funded? _____

No

If you sought funds from other sources for this project, please complete the following:

<i>Funding Body</i>	<i>Amount Requested</i>	<i>Amount Received</i>

BUDGET BREAKDOWN

8. Please complete the following details and **attach 2 quotes** for equipment

Materials	\$
Equipment	\$
Labour costs	\$
Other	\$
TOTAL SOUGHT FROM COUNCIL FOR PROJECT	\$