

# Community Assistance Grant Application

## Introduction

Please read Council's [Community Assistance Grant Policy](https://www.brokenhill.nsw.gov.au/Council/Policy-search/Community-Assistance-Grants-Policy) [Community Strategic Plan](https://www.brokenhill.nsw.gov.au/Council/Strategic-Plans-including-fees-and-charges/Community-Strategic-Plan) before completing this application.

Grants are available only if the activity/program/event is held in Broken Hill.

### In order to complete this application you will need the following

- Quotes to substantiate amount requested (if more than \$5,000 requested then 2 or more quotes required) OR detailed budget for the project
- Public Liability Insurance Certificate of Currency
- ABN, ACN or Incorporations Registration Number
- Most recent Balance Sheet
- Most recent Profit & Loss Statement

Broken Hill City Council awards Community Assistance Grants twice per year. Your planned activity must be held within the following dates.

Round 1 - July to December Round 2 - January to June

In the event that your group/organisation is successful in receiving assistance you will be required to provide a tax invoice before the grant is received. Details of a group/organisations ABN, GST component and banking details needs to be included on the invoice also.

Groups and organisations receiving funds from Broken Hill City Council are required to provide an Acquittal on outcome of the funding to Broken Hill City Council within 2 months of the conclusion of the project or activity or the end of the financial year, whichever falls first.

### Information to be provided will include:

- a statement of actual and budgeted expenditure in relation to the Community Assistance provided
- copies of supporting documentation such as a summary of receipts, accounts and financial statements
- commentary on performance including achievements of outcome identified, public presentations and attendance, involvement of volunteers
- acknowledge of the contribution from the Broken Hill City Council

Funds which are unspent at the conclusion of the funding period must be returned to Council within 2 months of the completion of the project or activity or prior to the end of the financial year, whichever occurs first.

## Application

Please select the Round that you are applying for (Select 1 option) Required

- Round 1 - closes 30 April
- Round 2 - closes 31 October

Please list the date of the event/activity if applicable

D	D	M	M	Y	Y	Y	Y
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**Organisation name** Required

**First Name** Required

**Last Name** Required

**Contact Number**

**Email Address**

**Applicant Street Number**

**Applicant Street Name**

**Applicant Suburb/City**

**Applicant State (Select 1 option)**

- NSW
- SA
- VIC
- QLD
- TAS
- WA
- ACT
- NT

**Applicant Postcode**

**Please tell us about your organisation and its current activities** Required

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**How many current members does your organisation have?** Required

**What contribution do volunteers make to your organisation?** Required

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**Support required (Select 1 or more options)** Required

- In-kind
- Cash

Complete this field if you made a selection that includes 'In-kind' in *Application: Support required*

**Detail the in-kind support requested** Required

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Complete this field if you made a selection that includes 'Cash' in *Application: Support required*

**Total amount requested exclusive of GST** Required

- No more than 2 decimal places

**How will your organisation use the funds?** Required

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**Does your organisation anticipate an income stream to be derived from the funded activity? (Select 1 option)** Required

- Yes
- No

How will the community of Broken Hill benefit from the approval of this grant? Required

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Does your group/organisation have an ABN? (Select 1 option) Required

- Yes
- No

Complete this field if you selected 'Yes' in *Application: Does your group/organisation have an ABN?*

What is your ABN number? Required

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Complete this field if you selected 'Yes' in *Application: Does your group/organisation have an ABN?*

Is your group/organisation registered for GST? (Select 1 option) Required

- Yes
- No

Is your group/organisation incorporated? (Select 1 option) Required

- Yes
- No

Complete this field if you selected 'Yes' in *Application: Is your group/organisation incorporated?*

What is your incorporation registration number? Required

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**Has your organisation received support from Council in the last 3 years? (Select 1 option)** Required

- Yes
- No

Complete this field if you selected 'Yes' in *Application: Has your organisation received support from Council in the last 3 years?*

**Please detail the amount received, date and purpose of the support received** Required

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**Has your organisation received support from other organisations in the last 12 months? (Select 1 option)** Required

- Yes
- No

Complete this field if you selected 'Yes' in *Application: Has your organisation received support from other organisations in the last 12 months?*

**Please details the amount received, date, name of organisation and purpose of the support received** Required

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**Please list the Key Direction, Objective, and Strategy numbers from the Community Strategic Plan that your grant application relates to. For example: CSP# 2.1.8 Promote attraction and retention for residency in our city.** Required

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Please provide any additional information


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## Please upload


Quotes to substantiate amount requested OR detailed budget for the project **Required**

 Please attach all files to the end of this form before submitting it.


Public Liability Insurance Certificate of Currency **Required**

 Please attach all files to the end of this form before submitting it.


Most recent balance sheet **Required**

 Please attach all files to the end of this form before submitting it.

Profit and loss statement **Required**

 Please attach all files to the end of this form before submitting it.

Any other relevant documentation

 Please attach all files to the end of this form before submitting it.

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## Certify

I certify that the attached application for funding was approved by the management committee of this organisation.

**Required**

Name

*End of form*

*Don't forget to attach all files before submitting this form*