



## APPLICATION FORM 2015 - CATEGORY 1 FUNDING

Name of Organisation Applying for Funding: _____		
ABN: _____		
Council Area: <u>Bega Valley Shire</u>		
Is your organisation a non-profit organisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your organisation incorporated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicate which form of incorporation below:		
- A company limited by guarantee	<input type="checkbox"/>	
- A co-operative	<input type="checkbox"/>	
- An incorporated association	<input type="checkbox"/>	
- An unincorporated association	<input type="checkbox"/>	
- Other – please detail below:	<input type="checkbox"/>	
Primary Contact Details: _____		
Title: _____ Name: _____ <small>e.g. Mr/Mrs/Ms</small>		
Postal Address: _____		
Suburb: _____ State: _____ Post code: _____		
Phone: _____ FAX: _____		
Email: _____		
Secondary Contact Person Details:		
Title: _____ Name: _____ <small>e.g. Mr/Mrs/Ms</small>		
Phone: _____ FAX: _____		
Email: _____		

### IMPORTANT INFORMATION

**LOCAL COMMITTEE INDEX:** Information on where and how to apply to each Local Committee (based on local government area) is also available on the ClubsNSW website ([www.clubsnsw.com.au](http://www.clubsnsw.com.au)) by following the 'Local Committee Index' Link. If your area has a local committee, please contact the local committee convenor or council before applying. Also read the latest ClubGRANTS guidelines, available from [www.clubsnsw.com.au](http://www.clubsnsw.com.au)

## REMINDERS:

- **Applications should be sent to local committees or individual clubs, where appropriate. Applications sent to ClubsNSW will be returned.**
- **There is no application form for Category 2 funding. In relation to Category 2 grants, applicants should liaise directly with individual ClubGRANTS clubs in their local area – a listing is provided on the ClubsNSW website.**
- **Please do not attach lengthy covering letters or appendices to your application.**

**FURTHER INFORMATION:** Please call ClubsNSW on 02 9268 3000 or email [enquiries@clubsnsw.com.au](mailto:enquiries@clubsnsw.com.au) for further information.

**If your application for funding is successful you will be required to:**

- make an appropriate level of acknowledgement of the funding source for the project;
- complete an evaluation form at the end of the project.

**Q1. Project Name:** \_\_\_\_\_

**Q2. Project Sponsors (if applicable):**

**Q3. Please provide an outline of your project (what you are going to do or provide, e.g. details of your event, service, product etc).**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Q4. Which of the following community priorities below does your project address? Please tick ONE (1) BOX ONLY.**

- ☐ A1 - family support/emergency or low cost accommodation
- ☐ A2 - child protection/child care
- ☐ A3 - counselling services
- ☐ A4 - aged, disability or youth services
- ☐ A5 - victims of natural disasters
- ☐ A6 - volunteer emergency services
- ☐ A7 - veteran welfare services
- ☐ B1 - neighbourhood centre/youth drop in activities
- ☐ B2 - community transport services
- ☐ B3 - community education programs
- ☐ B4 - tenants services
- ☐ B5 - state-wide or regional services developing social policies and/or providing advocacy for local communities
- ☐ C1 - early childhood health/child and family services
- ☐ C2 - community nursing/therapy/mental health services
- ☐ C3 - drug & alcohol/palliative care/women's health/aboriginal health/dental services
- ☐ C4 - home and community care and disability services
- ☐ C5 - health promotion initiatives
- ☐ D1 - employment placement/advocacy services
- ☐ D2 - group training companies
- ☐ D3 - community enterprises
- ☐ D4 - local job creation scheme

**Q5. Who will your program benefit?**

- ☐ Children (0-14 years)
- ☐ Young People (15-24 years)
- ☐ Women
- ☐ Families
- ☐ Older People (65+ years)
- ☐ People from non-English speaking backgrounds
- ☐ Aboriginal and Torres Strait Islanders
- ☐ People with disabilities
- ☐ Emergency services
- ☐ General population

**Q6. How many local residents will your project benefit?**

Recipients: \_\_\_\_\_  
Volunteers: \_\_\_\_\_

**Q7. If you expect indirect beneficiaries, who might they be?**

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**Q8. What impact do you hope to have on your identified local community priority needs?**

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**Q9. How will you know that you have made a difference (and measure your outcomes?)**

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**Q10. What is the proposed commencement date and completion date for the project?**

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**Q11. Does the project need to be followed up after completion? If yes, how?**

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**Q12. What are your plans to ensure that the benefits of the project will be sustained (that is, continue after the project has finished and/or there is no more funding available?)**

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**Q13. Are you working with other partners in this project, or have you asked for support from anyone else?**

☐ Yes

☐ No

**Q13a. If yes, please provide contact details:**

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**Q14. Is anyone else doing a similar project in this LGA with your target group?**

☐ Yes      ☐ No      ☐ Not known

**Q14a. If yes, who? Have you spoken to them about collaboration/ ensuring non-duplication of services?**

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**Q15. Is this program, project or service already assisted by an existing local, State, or Commonwealth Government funding program? If yes, please give details (how much, which program):**

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**Q16. What is the total amount of ClubGRANTS funding you are seeking for this application?**

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**Q17. Can your project be broken down into smaller sections for part-funding? If so, how?**

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**Q18. Have you applied, or do you intend to apply, to any other registered club or funding body for this project (including applications in other areas)?**

☐ Yes      ☐ No

**If yes, please identify:**

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**Q19. Will ALL the ClubGRANTS funding you have requested be spent within the Local Government Area in which you are applying?**

☐ Yes      ☐ No

Q19a. If no, approximately what percentage will be spent outside the local area?

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Q20. Has your organisation received funding from the ClubGRANTS scheme before?

☐ Yes

☐ No

Q20a. If yes, in what year, for what purpose and how much?

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Note: Organisations that have not submitted their report / progress forms will not be considered for further funding.

Q21. Please outline below the project budget for your proposal, including funding from this source (ClubGRANTS) and any other funding sources. E.G. salaries, program costs, capital equipment, rent, etc.

Income		Expenditure	
Description	\$	Description	\$
TOTAL INCOME	\$	TOTAL EXPENDITURE	\$

*\*If more room is required, please attach extra information on a new page.*

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Q21a. Payment will be made by cheque, please advise as to who the cheque should be made out to for this purpose:

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Q21b. Please attach a copy of your last annual report including financial statements, if applicable

## Declaration, Authority and Consent

The applicant declares that the application information is true and correct. The Applicant will notify the Local Committee and/or club of any changes to this information and any circumstances that may affect this application.

The applicant authorises and consents to the Local Committee and/or Club:

1. Referring this application (as necessary) to external experts for assessment, reporting, advice, comment or for discussions regarding alternative or collaborative funding opportunities.
2. Disclosing the Application Information to ClubsNSW and to ClubsNSW collecting, aggregating, having access to, using, disclosing and publishing the Application Information for a ClubsNSW purpose.

**“Application Information”** means all information and data (including email and personal information) provided within this document.

**“ClubsNSW Purpose”** means:

- a) To quantify the social contribution made by registered clubs by the making of grants; and
- b) To use, disclose and publish the Application Information which it collects and aggregates from Clubs in ClubsNSW’s capacity as an advocate on behalf of the Club industry.

I understand that this is an application only and may not necessarily result in funding approval.

I am authorised to submit this application and agreeing to the Declaration, Authority and Consent.

I have read and agreed to the above:

- ☐ Yes, I have read and agree  
☐ No, I do not agree

Authorised Person:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_