



HEALTH & SUSTAINABILITY GRANTS PROGRAM

APPLICATION FORM

Health & Sustainability Grants are always open and applications may be submitted at anytime. However, applications are only assessed twice a year in February and August.

The closing date for submission period is:

- 3rd Friday in January 2019 successful projects will receive funds in April 2019

Applications can be made for up to \$1,000.

Community Organisation
Name:

Date Submitted:

This completed form, and supporting material should be submitted online via email to:

Attention: Health Promotion Officer – Kiama Municipal Council

Email to: council@kiama.nsw.gov.au

Please note: If you're unable to submit your application online via email, please contact Council's Health Promotion Officer on 4232 0444

DIRECTIONS TO APPLICANTS

1. Applications are assessed according to the funding criteria set out in the Kiama Municipal Council Health & Sustainability Grants Program Allocation Guidelines. Please read the policy guidelines carefully before filling in the application form.
2. You are encouraged to discuss your project proposal with the Health Promotion Officer prior to submitting your application.
3. All applicants will be notified in writing of the outcome of their application when Kiama Council announces the decision.
4. If you need help with the form, please contact Council's Health Promotion Officer on 4232 0444 or email council@kiama.nsw.gov.au for assistance.
5. Submit all documentation requested on the application form. If you do not provide the necessary documentation and support material, your application may not be accepted.
6. Keep a copy of your application and any related material for your records.
7. For joint projects, please submit a letter clarifying who the lead organisation will be, and ensure the application is signed by all organisations.

PART 1 APPLICANT DETAILS

Contact Person Name:

Position in organisation:

Registered Name

Incorporation or
Gazette Number
(if not being Auspiced)

Australian Business Number
(ABN)(If applicable)

Postal Address

Phone numbers

Email Address

What date was your organisation
formed?

Please provide a brief statement to
describe your organisation and its
capacity to manage grants and
projects (no. of members, how is it
managed, has it received
grants/funds from elsewhere?)

How did you hear about the grant?

PART 2 GROUP DETAILS

Is the community organisation being
Auspiced by an existing Organisation?

Yes
(if yes,
answer questions
below about the
auspice group).

No
(go to part 3)

A responsible officer of the Auspicing group must sign this application.

Registered Name of Incorporated
Auspicing Organisation

ABN (if applicable)

Incorporation Number

Name of authorised officer
for Auspicing Organisation

Phone numbers

Email Address

Please provide a brief statement to
describe your organisation and its
capacity to manage grants and
projects (no. of members, how is it
managed, has it received grants /
funds from elsewhere?)

Please attach evidence of your organisation's financial viability (e.g. annual report or annual
financial statement). Copy attached Yes No

Auspicing Organisation Authorisation

We (Name of Auspicing Organisation) agree to
Auspice the above Community Organisation group and are legally able to enter into an Auspice
arrangement.

Name of authorised officer for Auspicing Organisation

Signature:

Date:

PART 3 PROJECT SUMMARY

1. Tell us about your project idea, what would you like to do with this grant if your application is successful? How does it align with the Kiama Health Plan and funding aims outlined in the guidelines? *(limit 2500 characters)*

2. Why do you think your project is important? What areas of health and sustainability will it cover? *(limit 1000 characters)*

3. Will your project meet one or more of the following: *(Note: you do not need to meet all the criteria)*

- Provide and promote opportunities for the community to engage in regular physical activity
- Provide and promote opportunities for the community to develop skills in sustainable food practices (excluding community gardening).
- Provide and promote opportunities for the community to develop knowledge and skills in healthy eating and active living principles.
- Provide and promote opportunities for the community to improve the health of the natural environment.

4. Where will your project take place? Mark all those applicable

- Kiama Jamberoo Gerringong Minnamurra
 Gerroa Bombo Other (specify)

5. Estimated Project Start Date*: Estimated Project Completion Date:

* Dates should correspond to the particular project/activity and must be after funding has been received.

6. Develop a comprehensive timeline by describing all the activities that you will undertake to implement your project. Please be as detailed as possible.

Activities/Steps

Date of completion (mm/yy)

7. Who are you going to involve in this project (your target audience), and how will you reach them and engage them? How do you know if they are interested in your project?

8. Who will work on the project? Will you have other partners involved (organisations, entities, groups)? If yes, please provide details and clarify roles of each party.

9. Where will you carry out the proposed project? Are approvals or facility bookings required (Development Application (DA) approval, venue booking, school approvals, etc.)? If yes, please describe what approvals or bookings will be required.

10. How will you promote and advertise the project?

11. How will you know and check that your project has worked and was successful?

12. How will you acknowledge Council's contribution (for example use of logo or acknowledgement in promotion materials, media coverage, presentations etc.)?

13. Give a creative name to your project:

14. Will you be able to contribute to this project and match the funding value dollar-for-dollar in cash or in-kind (in-kind includes staff time, volunteers, donated materials and supplies, venue hire, media and promotion etc.)

Yes

No (if you have ticked no, you're not eligible to be funded by this grants program)

15. Have you previously received a Kiama Health and Sustainability grant or any other grant from Council?

Yes

No

16. If yes, what was the name of the grant?

17. If yes, was an acquittal form submitted and endorsed by Council?

Yes

No

18. Please provide a brief summary of your project (150 words max) that Council can use to describe your intended activities.

PART 4 FINANCES

19. ABN (if applicable):

20. Are you registered for GST? Yes No

21. Complete the budget on the next page for your particular project. Amounts in the budget should include GST. Under the section "Income", please make sure to list only amounts or in-kind contributions that will be allocated to the specific project. Make sure total income and total expenditure match. Contact the Health Promotion Officer at Council for support with the budget form.

The boxes below will self-populate on completion of the budget on the next page.

Total cost of the project:

Total amount requested for grant:

22. Please complete the "**Request for Electronic Funds Transfer**" form at the end of your application. This will be used to execute the transfer of funds if your application is successful.

Budget Form

INCOME

IN-CASH

AMOUNT (\$)

Contribution from Kiama Council Health & Sustainability Grant

Other sources of funding *(only list funds that are going to be allocated to this project)*

IN-KIND

In kind contributions *(e.g. 20 hrs of volunteer time @ \$30 an hr, or hall hire at \$120, or printing 200 brochures @ \$1 per brochure = \$200, etc. (list details))*

EXPENDITURES

CASH (related to the project)

IN KIND (related to the project)

Note: *the in-kind income you included in the income section, should be listed here as an expense so that your total expenditure equals your total income.*

Total Expenditure

PART 5 DECLARATION BY APPLICANT

I have read the Guidelines relating to grants under this Program.

I certify that, to the best of my knowledge, all the information in this application is correct and has been approved by my board of directors or equivalent body, and that I have the delegated authority to sign this application.

I acknowledge that the Kiama Municipal Council has the right to withdraw the offer of funding or demand the return of any funds already paid if:

- It is discovered that any of the information provided is false
- The project does not go ahead
- Funds are not fully expended at the end of the project period
- Any funds cannot be accounted for (e.g. receipts or other valid form of expenditure evidence)

I agree to this application being publicly displayed on Kiama Council's website as an educational and informative tool for future grant applicants.

In the case where this project is selected for funding:

I agree to:

- Complete and forward the Acquittal Form within 2 months of the project completion (no later than 12 months from start date of project), and keeping records of receipts, invoices and transactions.
- Acknowledge Council's contribution in all promotional material associated with this project (newsletters, websites, banners, flyers, signage etc.)
- Keep Council informed of the progress of my project/initiative
- Participate in a phone feedback survey with Council about the grant received.
- Ensure that participants in the funded activities/projects will not be exposed to promotions for alcohol or unhealthy food and drinks.
- Be appropriately incorporated and responsible for our own insurances including (and not limited to) Public Liability, Volunteer Insurance and Professional Indemnity.
- Be responsible for filling out Council's standard applications and all associated Council fees.
- Undertake any extra conditions placed upon the approved funding of this project.

Name of authorised applicant
from Community Organisation: _____

Signature:

Date:

If applicable:

Name of authorised officer
for Auspicing Organisation: _____

Signature

Date:

SAVE

PRINT

CLEAR



CREDITORS USE ONLY

CR #

Kiama Municipal Council
PO Box 75
KIAMA NSW 2533
ABN: 22 379 679 108

REQUEST FOR ELECTRONIC FUNDS TRANSFER (EFT)

PRINT NAME:

COMPANY NAME:

I agree for payments to be paid directly into the following account details:

BSB:

ACCOUNT NO:

ACCOUNT NAME:

Council Remittance Advices will be sent by email to the following email address:

EMAIL ADDRESS:

NAME:

PHONE:

DATE:

Additional details/notes:

PLEASE RETURN YOUR COMPLETED FORM TO: (office use only)

Please note:

- Banking Details will remain confidential to Kiama Municipal Council
- Council's payment terms are 30 days from date of invoice.

Kerry McMurray
General Manager