



KIAMA  
MUNICIPAL  
COUNCIL

# HEALTH & SUSTAINABILITY GRANTS PROGRAM

## APPLICATION FORM

Applications can be made for up \$500, \$1500 or \$3,000.

Community Organisation Name:

Date Submitted:

### Application is easy as 123...

Step 1: Council provides support to help you develop your idea or project. We ask you to contact our Health Promotion Officer about your proposed project **at least two weeks** prior to the closing date of the grants on 02 4232 0444.

Step 2: Complete the application form

Step 3: Submit online via email with supporting material to:

**Attention:** Health Promotion Officer – Kiama Municipal Council

**Email to:** [council@kiama.nsw.gov.au](mailto:council@kiama.nsw.gov.au)

**Please note:** If you're unable to submit your application online via email, contact Council's Health Promotion Officer on 02 4232 0444 (*working days Tuesday to Thursday*).

## Guide for Applicants

1. Applicants are required to discuss their project idea with the Council's Health Promotion Officer **at least two weeks prior to the closing date of the grants.**
2. Applications are assessed according to the funding criteria set out in the Health & Sustainability Grants Program Allocation Guidelines. Please read the guidelines carefully before completing the application form.
3. We can assist you with completing the application form, please contact Council's Health Promotion Officer on 4232 0444 or email [council@kiama.nsw.gov.au](mailto:council@kiama.nsw.gov.au) for assistance. Our working days are Tuesdays, Wednesdays and Thursdays. **Please contact us a minimum of two weeks prior to the closing date of the grants.**
4. Make sure you submit all documentation requested on the application form. We cannot process your application without all the required information.
5. Keep a copy of your application and any related material for your records.
6. If you are partnering for your projects, please submit a letter clarifying who the lead organisation will be, and ensure the application is signed by all organisations.
7. You will be notified in writing of the outcome of your application once Council announces the decision.

**PART 1 APPLICANT DETAILS**

Contact Person Name:

Position in Organisation:

Registered Name

Incorporation or  
Gazette Number – **this  
is not required if  
applying for up to  
\$500 funding**

ABN (if applicable)

Postal Address

Phone Numbers

Email Address

What date was your organisation  
formed?

Please provide a brief statement to  
describe your organisation.

Please provide a brief explanation  
of your organisation's 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?

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

**PART 2 GROUP DETAILS**

Is the community organisation being Auspiced by an existing Organisation?

Yes  
(if yes, please complete part 2 group details).

No  
(go to part 3)

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

Registered Name of Incorporated Auspicing Organisation

ADDRESS

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

Please provide a brief explanation of your organisation's 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 .....(name of Community Organisation/group) and are legally able to enter into an Auspice arrangement.

Name and position of authorised officer for Auspicing

Organisation Signature:

Date:

### **PART 3 PROPOSED PROJECT**

1. Project name:
2. What amount of funding are you applying for (please tick)?
  - up to \$500
  - up to \$1,500
  - up to \$3,000

**Please note:** The greater the amount of funding you apply for, the greater the amount of rigour and detail will be expected in regard to all the responses in your application.

3. Provide a brief background to your project?

4. Goals:
  - a) What are you hoping to achieve in this project?

b) Tell us how your goals support those of the Kiama Health Plan and those of the Health and Sustainability Grants?

5. How have you identified that there is a need for your project?

6. Will the 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.
- Provide and promote opportunities for the community to improve the mental health and wellbeing of residents in the LGA.

7. Benefits: How will the project benefit:

a) The Community

b) The Environment

c) Your Organisation

8. Please describe how this project could be further built upon, expanded to a larger scale or used as a model for other projects:

9. Where will the project take place: (town & venue)?



10. Are there any compliance documents (i.e. DA approvals), fees or bookings required to carry out your project:  
(if yes please provide details)?

If no, please provide evidence that these compliance documents / approvals are not required. (I.e. written evidence of consultation with Council and any outcomes)

11. Who else will be involved in the project?

<b>STAKEHOLDER</b> (Who is involved in the project?)	<b>ROLE</b> (What is their role?)	<b>CONTRIBUTION</b> (What is their contribution?)



13. How will you measure the success of the project?

14. How will you promote the project?

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

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

17. If yes to Q16, what was the name of the grant or funding received and when was it received?

18. If yes to Q16, was an acquittal form submitted and accepted by Council (please provide evidence including date acceptance of acquittal was received).

(If you have not satisfactorily acquitted any other Council grant, then you're not eligible for this grant)?

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

20. Risks :

(What are the foreseeable risks the project faces and how will these be managed? E.g. loss or change in staffing or resources, lack of engagement from the community).

**\*Please Note; this question is important because it will help assess whether you have thought through your project and have good plans in place to ensure its success.**

**PART 4 FINANCES**

**PLEASE NOTE:**

This grant comes with the understanding that you and your partners will make an equal contribution to the project. This can be funds and/or in kind (staff time, volunteer time, as well as donated materials and supplies, venue hire, media and promotion). We ask that the estimated dollar value be of equal or greater value than the requested grant amount. Applications that cannot demonstrate matched value are ineligible for funding in this grants program.

21. Budget:

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

Total cost of the project: \_\_\_\_\_

Total amount requested for grant: \_\_\_\_\_

**INCOME**

**CASH CONTRIBUTION:** Please complete the table below with the requested grant amount and any other funding received for the project (e.g. funds contributed from your organisation, ticket sales for event, etc.).

SOURCE	\$ VALUE
Kiama Council Health and Sustainability Grant	
TOTAL	

**IN KIND CONTRIBUTION:** Please complete the table below with in kind contributions including volunteer time (volunteer time @ max \$30/hour), wages paid by organisation, equipment, venues or materials that would otherwise need to be hired or purchased.

STAKEHOLDER	CONTRIBUTION	TOTAL HOURS	TOTAL \$ VALUE
		TOTAL	

**EXPENSES**

**CASH EXPENDITURE:** Please complete the table below with all project costs and attach evidence of estimated costs (e.g. quotes). Please be specific when describing items.

ITEM	COST PER UNIT	TOTAL UNITS	PROVIDER	TOTAL COST
			<b>TOTAL</b>	

*Office use only*

CONTRIBUTION	TOTAL
In Kind	
Cash	
<b>TOTAL</b>	

EXPENDITURE	TOTAL
Cash	
In kind	
<b>TOTAL</b>	

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

**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/or 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 forms of expenditure evidence)

I agree to this application being publicly displayed on Council’s website as an educational and informative tool for future grant applicants.   **YES    NO**

**In the case where this project is selected for funding:**

I agree to:

- Keep Council informed of the progress of my project/initiative
- Ensure that participants in the funded activities/projects will not be exposed to promotions for alcohol or unhealthy food and drinks.
- Run the project as stated, 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. In any case, approval will lapse at the end of the following financial year after the grant is awarded.
- Acknowledge Council's contribution in all promotional material associated with this project (newsletters, websites, banners, flyers, signage etc.)
- Participate in a phone feedback survey with Council about the grant received.
- Be appropriately incorporated and responsible for our own insurances including (and not limited to) Public Liability, Volunteer Insurance and Professional Indemnity.
- Be responsible (if required) for completing any other relevant Council applications and/or approvals 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:



Please ensure that partner organisations complete the table below:

ORGANISATION	AUTHORISED REPRESENTATIVE	SIGNATURE	DATE

**Privacy & Personal Information Protection Notice**

**Purpose of collection:** We are collecting your personal information in order to enable Council to assess and process your Health and Sustainability grant application.

**Intended recipients:** The intended recipient of the information is Kiama Municipal Council.

**Supply:** While the supply of this information is voluntary, the personal information you provide will enable Council to contact you and/or parties within your organisation regarding the assessment, delivery, and acquittal of your Health and Sustainability grant application.

**Access/Correction:** The personal information can be accessed by you and may be available to third parties in accordance with the Government Information (Public) Access Act and Council’s Privacy Management Plan.

Your personal information may be disclosed to third parties for the purpose of auditing of Councils finances.

You may make an application for access or amendment to personal information held by Council. We will consider any such application in accordance with the *Privacy and Personal Information Protection Act 1998*.

**Storage:** Kiama Council is the agency that holds the personal information. Council may be contacted on 02 4232 0444, or by email to [council@kiama.nsw.gov.au](mailto:council@kiama.nsw.gov.au) or at 11 Manning Street. Kiama, NSW 2533.

**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.

General Manager