

2021/22

Community Assistance Program



Applications Close:

24 September 2021 at 5pm

COMMUNITY ASSISTANCE PROGRAM

GUIDELINES 2021/22

PURPOSE OF THE PROGRAM

The Community Assistance Program supports projects that maintain the strength and vibrancy of Cabonne's towns and villages.

This is a competitive program that provides support for organisations focused on delivering positive benefits to Cabonne residents and contributing to the delivery of Council's strategic priorities.

The objectives of the Community Assistance Program are:

- To support community groups with projects that are of ongoing or sustainable benefit to the Cabonne communities.
- To improve the liveability of Cabonne shire.

Each project will be judged on its merits and the relative benefit it will return to the community.

SUBMITTING YOUR APPLICATION

This is a highly competitive process with limited funds.

A good application accurately and succinctly answers relevant questions, demonstrates skill and commitment to managing a successful project, acknowledges Council's support, has a detailed budget and reflects efforts to raise matching (or better) support either through funds or in-kind, partner with other organisations and link with other events.

Council's goal is to reach a fair decision about your request for support. Please review the Guidelines, along with any related documents in detail before you complete the Application Form.

All relevant documents, including the Application Form, are available on Council's website.

WHO CAN APPLY

In order to be eligible for the Community Assistance Program, you must:

- Be a not for profit organisation
- Reside in Cabonne Shire Local Government Area

Organisations demonstrating strong partnerships with other organisations and/or acquiring additional support from other sources may be more competitive.

WHO CANNOT APPLY

- Individuals.
- Projects that are for private commercial ventures will not be considered.
- Projects involving the installation or upgrade of fixed assets on primary and secondary school sites are ineligible.
- Government departments, agencies and organisations.
- Organisations that have previously received support from Council and have failed to meet all the requirements of their approval, including acquittal reporting.
- Community groups and organisations that are excluded from receiving funding in line with Council's *Donations Policy* or where funding is available under another specific Council program. This policy can be obtained by visiting www.cabonne.nsw.gov.au or by contacting Council.

CONDITIONS OF FUNDING

- Applicants must contribute at least 50% of the total project cost. The value of voluntary labour is allowed as part of the applicant's contribution.
- Requests for retrospective funding, administration costs and salaries will not be considered.
- Successful applicants must complete the approved project within 6 months of receiving CAP funding.
- Successful applicants must acknowledge Council's contribution to the project in any media, written material or signage.
- Any variations to a funded project will require submission of a Project Variation Form and which will then require approval of the Council. This form can be obtained by contacting Council.
- Applicants must participate in appropriate publicity associated with the assistance.
- Successful applicants are required to submit a Project Acquittal Form to Council within 3 months of project completion.
- Applications that are not submitted by the due date will not be considered.

CONFIDENTIALITY

Information supplied by the applicant will be used for processing and assessing the application and will be treated as confidential to the extent permitted by the Local Government Act and Government Information (Public Access) Act.

HOW TO APPLY

The Community Assistance Program guidelines and application form are located on Council's website www.cabonne.nsw.gov.au

After reviewing these documents, applicants are encouraged to discuss the eligibility of their application with Council's Grants Officer prior to submitting their application.

All applications must be submitted on the correct application form and received by Council by the nominated due date, **Friday, 24 September 2021 by 5pm.**

Applications may be submitted online, mailed, emailed or hand delivered to:

Mail: Cabonne Council, PO Box 17, Molong NSW 2866

Email: council@cabonne.nsw.gov.au

Hand delivered to: Cabonne Council's Molong Office on Bank Street or Cudal Office on Main Street.

The application must be signed and all support material attached.

An incomplete application will not be accepted.

Cabonne Council will acknowledge the receipt of your application form within 10 working days.

FURTHER INFORMATION

Further information can be obtained by the Tourism, Culture & Events Co-ordinator Laura Lewis-Minogue.

Phone: 6392 3200

Email: council@cabonne.nsw.gov.au

COMMUNITY ASSISTANCE PROGRAM

APPLICATION FORM 2021/22

BEFORE COMPLETING THIS APPLICATION, YOU MUST READ THE COMMUNITY ASSISTANCE PROGRAM GUIDELINES. APPLICATIONS THAT DON'T COMPLY WITH THE CONDITIONS STATED IN THE GUIDELINES OR APPLICATIONS THAT ARE INCOMPLETE WILL NOT BE CONSIDERED.

SECTION 1: STATEMENT OF UNDERSTANDING

☐ I have read and understood the Community Assistance Program Guidelines

SECTION 2: APPLICANT DETAILS

Name of Organisation:			
Postal Address:			
Contact Person:			
Position Held:			
Phone:		Email:	
Incorporation No:		GST registered:	<input type="checkbox"/> YES <input type="checkbox"/> NO
ABN No:			
Brief description of your organisation:			

SECTION 3: ELIGIBILITY CRITERIA

☐ YES ☐ NO Are you a not for profit organisation?

☐ YES ☐ NO Do you reside in the Cabonne LGA?

SECTION 4: PROJECT DETAILS

Project Title:

Project Location:

Project Description (50 words or less)

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Project Outcomes (200 words or less)

What are the objectives of the project, who will benefit from the project, how will you measure and evaluate if the objectives have been met?

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What organisations (if any) are partners in the project?

Please detail their input.

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SECTION 5: APPROVALS

Is a Council Development or Building Approval required for this proposed development?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, has a Development or Building Application been approved	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, what is the current status of the application?	
What is the likely commencement date of the project if funding is approved?	
When will the project be completed?	

SECTION 6: BUDGET

APPLICANTS MUST CONTRIBUTE AT LEAST 50% OF THE TOTAL PROJECT COST.

The value of voluntary labour is allowed as part of the applicant's contribution.

EXPENDITURE (List all related cost by line item e.g. purchase of materials, cost of trades people)	
	\$ <input type="text"/>
	\$ <input type="text"/>
	\$ <input type="text"/>
	\$ <input type="text"/>
	\$ <input type="text"/>
	\$ <input type="text"/>
Total Expenditure	\$ <input type="text"/>
INCOME (applicants contribution, funding from other sources, in-kind labour)	
<i>Voluntary Labour, if applicable, is calculated at \$40 per hour.</i>	
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
CAP Funding Request	\$ <input type="text"/>
Total Income	\$ <input type="text"/>
<i>(Total income must equal total expenditure)</i>	

SECTION 7: ONGOING COSTS

Please indicate the cost and responsibility for on-going maintenance for the next five (5) years.

Year	Cost	Responsible Organisation

SECTION 8: LAND OWNERSHIP

Please tick the appropriate box.

- ☐ Council owned land.
- ☐ Crown Land – Trustee:
- ☐ Other – Details:

SECTION 9: SUPPORT DOCUMENTATION

Please tick the appropriate box.

- ☐ Quotations or estimates for proposed works. **REQUIRED**
- ☐ Evidence of funds available (bank statements, loan details, etc) **REQUIRED**
- ☐ Evidence of community support (e.g. letters of support from other groups or organisations)
- ☐ Photographs (5 maximum)
- ☐ Other – Details:

SECTION 10: DECLARATION

The declaration below must be agreed to by a person who has delegated authority to sign on behalf of the organisation e.g. President, Chairman, member of the Board of Management or authorised staff member.

I declare the information provided in this application and attachments is, to the best of my knowledge, true and correct. I understand any omission or false statement may result in the rejection of the application or withholding of any funds already approved.

I understand Cabonne Council may check any of our statements for the purpose of assessing this application, and I agree to provide any additional information requested.

Should this application be successful, I confirm the project will not commence until after the funding agreement has been approved and an agreement with Cabonne Council has been signed.

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

Name:		Signature:	
Executive Position in Organisation:			
Date:			