

# Meander Valley Council

## 2018/2019 Community Grants Program



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### APPLICATION FORM:

#### A. DETAILS OF YOUR GROUP:

1. YOUR GROUP'S NAME: .....

2. CONTACT PERSON: Name .....

Address for all .....

correspondence .....

Telephone (H).....

(W).....

(M).....

3. As a priority, please provide an email  
contact to assist with liaison: .....

4. Outline the purpose of your group:  
.....  
.....  
.....

5. Number of active and non-active members in your group:  
.....

6. Legal Status: does your organisation maintain current incorporation? YES/NO

*If no, you will need to attach to this application, written evidence from an incorporated body who is willing to auspice your project and provide a copy of their incorporation certificate.*

**B. DETAILS OF PROJECT:**

1. PROJECT TITLE: .....

2. AMOUNT APPLIED FOR: \$.....

*This amount MUST correspond exactly with the 'Grant requested from Council' entered on page 4*

3. DESCRIPTION OF PROJECT:

.....  
.....  
.....  
.....

4. PROJECT MANAGEMENT:

4.1 Planned commencement date .....

4.2 Other key milestones throughout the project that will be important, include the month each milestone will occur.

.....  
.....  
.....  
.....  
.....  
.....

4.3 Proposed completion date .....

4.4 Proposed completion date of project evaluation report and receipt of same by Council (to be provided within 60-days of the completion of this project) .....

5. What need is being met by this project?  
.....  
.....  
.....

6. How did you establish this need?  
 .....  
 .....
7. a. Who are your target group and estimate how many people will directly and indirectly benefit from this project?  
 .....  
 .....
- b. If this is a one-off event, please tell us how many people you expect will attend.  
 .....
8. Are there any similar services available? YES / NO  
*If yes, outline why this project is different or is necessary* .....  
 .....  
 .....
9. Does the project require planning and/or building approval from Council. YES/NO  
*(Please note, no funds can be provided until necessary approvals have been obtained)*
10. Do you have appropriate public liability insurance for your project? YES/NO or N/A  
*If, Yes please provide a copy of your insurance certificate with this application*
11. Have you undertaken and documented a risk assessment of activities for your project?  
 YES/NO or N/A  
*Council can provide a risk assessment template and /or assistance on request.*
12. Will the project be ongoing? YES / NO  
*If yes, how will it be funded in the future?*.....  
 .....  
 .....
13. How will the success of the project/ program be measured?  
 .....  
 .....
14. If your application cannot be fully funded are you able to accept part-funding and still achieve your project goal? YES/NO

**C. DETAILS OF PROJECT BUDGET:**

*Expenditure items listed on this page must be verified with a professional quotation which must be attached to this application form or the application will be considered incomplete.*

|  |       |
|--|-------|
| <b>INCOME:</b>   |       |
| • Grant requested from Council   |       |
| • Your group's \$ contribution   |       |
| • \$ contributions by other providers:                                       |       |
| .....  | ..... |
| .....  | ..... |
| .....  | ..... |
| .....  | ..... |
| .....  | ..... |
| .....  | ..... |
| .....  | ..... |
| TOTAL INCOME   |       |
| <b>EXPENDITURE:</b>  |       |
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|  |       |
|  |       |
|  |       |
| TOTAL EXPENDITURE  |       |
| <b>BALANCE</b>   |       |
| NOTE: Total Income less Total Expenditure should usually equal a nil Balance |       |
| Voluntary in kind contribution, estimated hours                              |       |
| Please state nature of volunteer activities: .....                           |       |
| .....  |       |

**D. DECLARATION:**

I agree to comply with the 'Conditions of Grant' as set out by Council and I declare that I am authorised to submit this application on behalf of the applicant Group.

**Your Name:** ..... **Signature:** .....

**(Position Held)** .....

**Date:** .....

**BEFORE YOU SEND YOUR APPLICATION TO US PLEASE READ THROUGH THE FOLLOWING POINTS CAREFULLY.**

**Please tick each box when completed.**

(No further action will be taken to process your application if the correct information is not attached).

- Copy of certificate of incorporation, or written evidence of an incorporated body's willingness to administer funds on your group's behalf - as well as their certificate.
- Copy of public liability insurance certificate if appropriate
- Most recent financial statement from the applying organisation;
- Written quotations for all materials and services.

**Please forward your completed application to:**

**Meander Valley Council  
26 Lyall Street (PO Box 102), Westbury, 7303  
Or  
Email: [mail@mvc.tas.gov.au](mailto:mail@mvc.tas.gov.au)**

**Privacy Statement:**

*Meander Valley Council is committed to upholding the right to privacy of all individuals who have dealings with the Council. Unless required by law or a court or tribunal, Council will take the necessary steps to ensure that personal information that members of the public share with us remains confidential. How we use the information is explained in our Privacy Policy which is available at [www.meander.tas.gov.au](http://www.meander.tas.gov.au) or from Council Offices.*