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| **2021/22 ARTS AND CULTURAL DEVELOPMENT GRANTS Application form** | | | | | | | | | | | | |
| **TO ALL APPLICANTS – PLEASE READ**   * Your application **must be submitted via the on-line portal**. This is the only way we will be accepting submissions. * You will need to complete and upload this form and other relevant attachments such as letters of support, Public Liability certificate of currency and financial statement of applicant * Make sure you have gathered all you supporting material in a digital format, ready to upload when submitting your application. * Please contact Cath Fogarty on 02 6648 4904 or 0409 876 432 to discuss your application. * CLOSING DATE IS MIDNIGHT SUNDAY 31 MAY 2021 | | | | | | | | | | | | |
| **1A. Organisation information - applicant and contact details** | | | | | | | | | | | | |
| Name of organisation/group OR auspicing organisation  *An auspicing organisation is an incorporated organisation that assumes the legal and financial responsibility for the grant on behalf of an individual or unincorporated group, including insurance and reporting. The funding agreement will be between Council and the auspicing organisation. It is good practice for the auspicing organisation and the auspice to negotiate a written agreement outlining the roles, responsibilities and expectations of each party*. | | | | | | | | | | | ABN | |
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| Postal address | | | | | |  | | | | | | |
|  |  | | | | | | | | | | |  |
| Suburb or town | |  | | | | State | | | |  | Postcode |  |
|  |  | | | |  |  | | | |  |  |  |
| *It is important that Council is able to contact you if more information is required. Please give as much detail as possible.* | | | | | | | | | | | | |
| Mr  Ms  Mrs  Dr  Other: | | | | | | | | | | | | |
| **Name of contact person 1:** | | | | | | | | Position within organisation: | | | | |
|  |  | | | | | |  |  |  | | |  |
| Daytime telephone | | | | Fax | | |  | Mobile | | | | |
|  |  | |  |  | | |  |  | | | |  |
| Email address | | | | | |  | | | | | | |
|  |  | | | | | | | | | | |  |
| Mr  Ms  Mrs  Dr  Other: | | | | | | | | | | | | |
| **Name of contact person 2:** | | | | | | | | Position within organisation | | | | |
|  |  | | | | | |  |  |  | | |  |
| Daytime telephone | | | | Fax | | |  | Mobile | | | | |
|  |  | |  |  | | |  |  | | | |  |
| Email address | | | | | |  | | | | | | |
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| **1B. Organisation details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Is your organisation incorporated? | | | |  | Yes | |  | No | | | | | | | | | | | | | | | | | | |
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| Incorporation Number: | | | | | | | | | | | | ABN | | | | | | | | | | | | | | |
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| 2. Registered for GST? | | | |  | Yes | |  | No | | | | | | | | | | | | | | | | | | |
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| 3. Public liability insurance cover | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * The applicant must have in place public liability insurance (minimum $10 million), personal injury income protection for volunteer insurance and/or any other appropriate insurance cover for the project. * You will be required to upload a digital copy of your current public liability insurance to the online form. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 4. Is this organisation acting as an auspice for another group or individual? | | | | | | | | | |  | | | |  | | Yes | |  | No | | | | |
| If Yes, please provide details of the group or individual which is conducting the activity: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of group or individual | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| Mr  Ms  Mrs  Dr  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of contact person: | | | | | | | | | | | Mobile/ contact telephone number | | | | | | | | | | | | | | | |
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| Email address | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| **2A. Project title (maximum 10 words)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2B. Project description** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Please provide a brief description of your project (limited to 500 words) | | | | | | | | | | | | | | | | | | | | | | |  |
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| **2C. Project location** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Please provide the project location/ venue(s) | | | | | | | | | | | | | | | | | | | | | | |  |
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| **2D. Funds requested** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Please provide the amount of grant funds being requested | | | | | | $ | | | | | | | | | | |  | | | | | |  |
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| **3A. Project Plan** | | | | | | | | | | | | | | |
| All projects must be completed within 12 months of funds being allocated. | | | | | | | | | | |  | | | |
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|  | | Anticipated Start Date | | / / | |  | Anticipated completion date: | | | / / |  | | | |
|  | | | | | | | | | | |  | | | |
|  | **Date** | | **Major steps/ milestones** | | | | | **Estimated expenditure** | | |  | | | |
|  | *01/01/20* | | *Example: email all schools and confirm participants* | | | | | N/A | | |  | | | |
|  | *01/03/20* | | *Example: workshop scheduled* | | | | | $2,500 | | |  | | | |
|  | *01/05/20* | | *Example: exhibition of final artworks* | | | | | $1,500 | | |  | | | |
|  | | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **3B. Project objectives** | | | | | | 1. What are the aims or objectives of this project? Please be specific i.e. provide a list with expected outcomes and how this can be measured. A project may have several objectives but please list a maximum of 3 – the most important ones. | | | | | **Project objectives** – what do you hope to achieve? | **Project activities** – what will you do to achieve it? | | **Project measures** – How will you know if your project has been successful? | | *Example: To increase awareness of ……* | *Example: Present an exhibition of work by local artists that…..* | | *Example: opening night with at least x number people attending* | |  |  | |  | |  |  | |  | | 2. Which of the cultural grants **priority areas relate most to your project. The Priority Areas are listed** on the first page of the cultural grant guidelines. Your project must address at least one selection criteria and describe how it relates to your project. Please list a maximum of 3. | | | | | **Selection criteria** | | **How does it relate to your project** | | |  | |  | | | | | | | | | | | | | | | | |
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| **3C. Community benefit** | | | | | | | | | | | | | | |
|  | 1. Does your project involve any other community groups/ partners? Please explain how. | | | | | | | | | |  | | | |
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|  |
|  | 2. How will this grant benefit the Coffs Harbour community? Please briefly describe: | | | | | | | | | | |  | | |
|  | Who will benefit? | | | | How will they benefit? | | | | Estimated number of people who will benefit? | | |  | | |
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|  | 3. Describe any experience your organisation has in relation to managing community projects or grant funding? Only provide examples from within the past 5 years. | | | | | | | | | | | | |  |
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| **3D. Project costs (excl. GST)** | | | | |
|  | 1 Expenditure table (cash). List all related cash expenditures and costs e.g. labour, materials etc.  Your total cash expenditure should equal your total cash income. | | | |
|  | **Summary of Project Costs** | | **$ Amount** |  |
|  | Professional services (eg artists, performers, consultants, curators, artistic directors, writers etc) |  | $ |  |
|  | |
|  | Hire or rental costs |  | $ |  |
|  | |
|  | Compliance/ Approvals |  | $ |  |
|  | |
|  | Professional labour |  | $ |  |
|  | |
|  | In-kind labour @ $42.00 per hour |  | $ |  |
|  | |
|  | Marketing/ Advertising |  | $ |  |
|  | |
|  | Other |  | $ |  |
|  | |
|  | **Total Project cost** | | **$** |  |
|  |  | | | |
|  | 2 Income table (cash). Funding sought from this grant , plus details of cash income from all other sources | | | |
|  | **Summary of Project Income** | | **$ Amount** |  |
|  | Arts and Cultural Grant funding |  | $ |  |
|  | |
|  | Cash contribution |  | $ |  |
|  | |
|  | Other grant income – please provide details |  | $ |  |
|  | |
|  | Sponsorship |  | $ |  |
|  | |
|  | In-kind labour @ $40.42 per hour |  | $ |  |
|  | |
|  | Other e.g. ticket sales |  | $ |  |
|  | |
|  | **Total Project income – (must equal Total Project cost)** | | **$** |  |
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| **3D. Applicant financial position** | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  | | | |
|  | Have you or the Auspicing organisation received financial or 'in-kind' support from Council in the last 12 months? If yes, please provide details of amount and purpose: | | | | | |  | |  | Yes | |  | No | | | | |
|  |  |
|  | In-kind support | Financial support | | Description of the support received | | | | | | | | | | |  | | |
|  | $ | $ | |  | | | | | | | | | | |  | | |
|  | $ | $ | |  | | | | | | | | | | |  | | |
|  | $ | $ | |  | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | |  | | |
| Have you received or applied for any grants or funding from other sources in relation to this project? If yes, briefly list details of these grants: | | | | | | |  | |  | Yes | |  | No | | | | |
|  | | | | | | | | |
|  | Funding source | | | | Successful Yes/ No/ Pending | | | | | | Amount | | | |  | | |
|  |  | | | |  | | | | | | $ | | | |  | | |
|  |  | | | |  | | | | | | $ | | | |  | | |
|  |  | | | |  | | | | | | $ | | | |  | | |
|  |  | | | | | | | | | | | | | |  | | |
| Council may not be able to fund the full amount applied for. Will the project continue with less funding than requested? If yes, please provide details: | | | | | | |  | |  | Yes | |  | No | | | | |
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| Applicants for funding are required to demonstrate the financial viability of their organisation. Please attach copies of your financial reports (preferably audited). | | | | | | | | | | | | | | |  | | |
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| 6. Certification and undertaking | | | | | | | | | | | | | | | | |
| I certify that all details supplied in this application form and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the applicant group/ organisation.  It is council’s position that the organisation/s constructing or organising construction will take responsibility for all associated maintenance and repair. Graffiti (obscene graffiti) will be removed within 24 hours of notification. Fit for purpose – the works completed continue to deliver on the intended purpose as outlined in the project rationale and summary. This includes all electrical, water and toilet/ sewer installations.  Structural integrity – where structural works have been undertaken, the structure is maintained in accordance with legislative requirements. Aesthetics – the development is maintained in accordance with fair wear and tear. Council is within its rights to request organisations to complete remedial works to maintain the aesthetic quality of a facility.  End of useful life – it is the organisation/ club’s responsibility to either replace the structure or remove the existing structure including site remediation.  Applicant organisations must be based in the Coffs Harbour City Council local government area or must be affiliated with, or service clients with the Coffs Harbour City Council local government area.  Where possible or feasible recipients of this program are requested to give public recognition for the grant received from Council and acknowledge Council’s financial assistance on any promotional material produced.  An undertaking is given that all funds granted by Council will only be expended on the project for which the funds were sought as applied for in this application. Should an applicant not be in a position to expend the funds within the year, the applicant should prepare a written explanation and proposed timeframe for the expenditure.  If an organisation wishes to modify its request or alter the proposed project, the applicant should make this request in writing. It is at the discretion of the General Manager as to whether the intent of this modification meets Council’s objectives. Council will not make retrospective donations.  I have read and followed the guidelines of this application form. | | | | | | | | | | | | | | | |  |
|  | Name: | |  | | | | | | | | | | | | |  |
|  | Position: | |  | | | | | | | | | | | | |
|  | Signature: | |  | | | Date: | |  | | | | | | | |
|  |  | |  | | |  | |  | | | | | | | |  |