

Small Community Event Grant- EOI FY 2024/5

Form Preview

Small Community Grants and Donations Program

* indicates a required field

Background

Council provides financial assistance to community groups and organisations to support programs and projects that contribute to vibrant, resilient, innovative and sustainable goals across the Kiama Local Government Area (LGA). Through the Grants Program, Council supports the implementation of community led initiatives that aligns with the Kiama Community Strategic Plan (CSP), corporate priorities and that meet the funding eligibility and criteria.

Amount

Maximum of \$500 per application. Total budget for program: \$15,000

Provided for:

Small community event or a program that demonstrates direct benefit for residents.

New grant policy, and guidelines for applicants:

It is important that all applicants read through the new grant policy, and guidelines for applicants before starting the application:

<https://www.kiama.nsw.gov.au/Services/People-and-community/Grants>

Application timeframe

Open until 30 June, 2025 via SmartyGrants portal or until grant allocation has been exhausted.

What do I need to do before applying?

Before making a submission, ensure you have:

- Read Council's Community Grants and Donations Policy and the Guidelines for Applicants to understand the criteria and eligibility requirements.
- Have completed outstanding acquittals relating to previously received funding from Council.
- Have the appropriate public liability insurance cover.
- If unsure or have questions please contact a Council Officer via grantdonations@kiama.nsw.gov.au

You may require the following documents in digital format (under 5mb), to submit with this form:

- 1.Your incorporation and/or ABN number or ATO Statement by a Supplier
- 2.Agreement with auspicing organisation (if applicable)
- 3.A copy of your public liability insurance Certificate of Currency
- 4.Reserve or Hall Hire application submission (if applicable)
- 5.Development Application (if applicable)
- 6.Any other supporting documents (letters, photos, articles etc)

** Relevant supporting documentation must be attached with the form before submitting.*

Small Community Event Grant- EOI FY 2024/5

Form Preview

Applicant Contact Details

I declare that I have read the Grants and Donations Policy and Guidelines for Applicants, and I am eligible to apply for this grant.

☐ Yes

Applicant Contact Details

Applicant full name *

First Name

Last Name

Name of group/organisation

Applicant's position held in group/organisation *

Mobile phone *

Organisation Name

Email *

Must be an email address.

Primary (physical) Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Postal address *

Address

Secondary contact person (optional)

Please provide full name and contact details

Is your group/organisation based in the Kiama LGA? *

☐ Yes

☐ No

Small Community Event Grant- EOI FY 2024/5

Form Preview

Hint: Please note this funding is for events within the Kiama LGA

I am applying as: *

- ☐ An incorporated not-for-profit, or charity and hold a current ABN
- ☐ Individual artist/creative sole trader with an ABN or Statement by a Supplier

Australian Business Number (ABN) - if applicable

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Brief statement to describe your group/organisation *

Must be no more than 150 words.

Website or social media account (if applicable)

Program Information

* indicates a required field

Program Title *

Word count:

Must be no more than 10 words.

Program Start Date *

Small Community Event Grant- EOI FY 2024/5

Form Preview

Must be a date.

Program End Date *

Must be a date.

Is your organisation is partnering or collaborating with any organisations to deliver this program/event? *

- ☐ Yes
☐ No

If yes, who are they and what is their contribution to the program/event?

Overall, how many people are expected to participate and benefit from this program/event? *

Must be a whole number (no decimal place).

Will you be charging participants to participate in this event or program? *

- ☐ Yes
☐ No

If yes, please provide details

Please provide a description of your event or program. *

Word count:

Must be no more than 250 words.

Explain the who, what, where and how for this project. Outline program objectives and link these to the objectives of the small community grants program

Which of the Five Pillars from Council's Community Strategic Plan (CSP) does your project program/event and how? *

Word count:

Must be no more than 150 words.

<https://www.kiama.nsw.gov.au/Council/Community-Plans/Community-Strategic-Plan>; What are the benefits of your event and how do they align with the CSP?

Small Community Event Grant- EOI FY 2024/5

Form Preview

Describe your organisation's capacity and capability to deliver the program/event within the required timeframe. *

Word count:

Must be no more than 150 words.

Where possible, provide details of internal and/or external resources/people who have the experience, appropriate qualifications and are dedicated to deliver the program. Are you engaging volunteers, how will it be organised and implemented, and do you/your organisation have experience with similar programs?

What measures do you have in place to ensure this program/event is accessible to people from diverse backgrounds, abilities, and marginalised groups? *

Word count:

Must be no more than 150 words.

If successful, how will you acknowledge the support of Kiama Municipal Council? *

Word count:

Must be no more than 100 words.

Logos on event marketing, website, event page, program, working collaboratively with members of council to ensure positive outcome

Budget

*** indicates a required field**

Requested Funds

Type of Grant/Donation *

- ☐ Financial Assistance – maximum of \$500
- ☐ In-Kind contribution toward fees and charges for hiring of Council's facilities and services – valued at maximum \$500

What amount of financial support are you requesting? *

Must be a dollar amount.

What amount of in-kind support are you requesting? *

Must be a dollar amount.

Small Community Event Grant- EOI FY 2024/5

Form Preview

Hint: In-kind refers to costs relating to Council services and facilities. See [Council's fees and charges](#) for costs.

What is the total cost of the program? (if you have additional funding) *

Must be a dollar amount.

Do you have additional funding that will help with the costs of this event?

Please complete your full project budget below. All amounts in this budget must not include GST. The Income and Expenditure and the Total Project Cost should be equal. Add fields as required

Income Description	\$ Income Amount (ex GST)	Expenditure Description	\$ Expenditure Amount (Ex GST)
Grants/ Donations/ Tickets sales etc		Eligible expenses as per the guidelines	

Budget Totals

Total Income Amount

This number/amount is
calculated.

Total Expenditure Amount

This number/amount is
calculated.

Income - Expenditure

This number/amount is
calculated.

Budget Justification

Please describe how you will use this grant funding and why it is essential for your program *

Word count:

Must be no more than 150 words.

Will you be able to deliver your event or program with part funding? *

- ☐ Yes
☐ No

Small Community Event Grant- EOI FY 2024/5

Form Preview

Have you previously received funding from Kiama Municipal Council?	Funding Program Name	Funding Year	Funding Amount Received	Has the funding been acquitted with council? (Yes/No)
<input type="radio"/> Yes			\$	
<input type="radio"/> No				
<input type="radio"/> Yes			\$	
<input type="radio"/> No				
<input type="radio"/> Yes			\$	
<input type="radio"/> No				

Attachments

Include attachments according to grant requirements

- Certificate of Incorporation as a charity or not-for-profit organisation
- Auspicing organisation agreement
- Statement by a supplier
- Public Liability Certificate of Currency
- Program Risk Assessment
- Quotes
- Supporting documentation
- Etc

Include attachments here according to grant requirements and/or if applicable

Attach a file:

Terms and Conditions/Declaration

* indicates a required field

Terms and Conditions (please tick) *

- ☐ The Funds are to be used for the purpose for which they were approved. Applicants cannot vary the purpose and expenditure of the grant without written approval from Council.
- ☐ Any unspent monies are to be returned to Council.
- ☐ The Grants and Donations are to be spent within 12 months of receiving them, unless otherwise approved in writing by the Manager Community Hubs.
- ☐ At the conclusion of the program, the organisation is required to complete an acquittal form and must be received before Council can consider any future funding applications.
- ☐ Grant recipients must acknowledge Council's contribution on promotional material and annual reports.

Small Community Event Grant- EOI FY 2024/5

Form Preview

☐ Provision of a grant or donation does not imply that Council has given any other consent. Applicants should obtain appropriate/ relevant consent for events and capital works from Council, NSW Police and other government authorities.

Do you agree to the General Terms and Conditions *

- ☐ Yes
☐ No

Declaration *

☐ I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge. I am authorised by my group/organisation to complete and sign this form and agree that all necessary permits/approvals will be obtained prior to the beginning of the project.

☐ I acknowledge that Kiama Municipal Council does not accept any liability or responsibility for the project and the project will be covered by appropriate insurance, all relevant health and safety standards will be met.

☐ My organisation has met all acquittal conditions and has no debt to Council

☐ I understand that if Kiama Council approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application, policy and submit the online funding agreement within 4 weeks of notification.

☐ 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 event does not go ahead within the projected period, the funds are not fully expended at the end of the project period or if any funds cannot be accounted for.

☐ By submitting this application you consent to Council publishing the organisation's name, the project's name, project description and Council's funding contribution. This information may also be used for promoting Council's funding programs and used in accordance with relevant legislation. Kiama Municipal Council respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse.

☐ I agree that I will contact Kiama Municipal Council immediately if any information provided in this application changes or is incorrect however information cannot be changed after the closing date and time

Please tick all boxes

Authorised Person's Name *

Title First Name Last Name

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Position Held *

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Organisation *

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Date of Declaration *

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Must be a date.

