

Boco Rock Community Enhancement Fund Application Form



APPLICANT DETAILS

Name of Organisation		
Contact Person & Position		
Address / Location		
Phone Number		
E-Mail Address		
ABN (If Applicable)		
Incorporation number (If Applicable)		
Is your organisation registered for GST?	<input type="checkbox"/> YES <input type="checkbox"/> NO	(Your GST status has no bearing on the assessment of your submission)
<p>What does your organisation do?</p> <p>Please provide a brief description of who you are and what you do.</p>		

PROJECT / EVENT DETAILS

Project / Event Name	
Description of the project/event, including the objectives	

<p>Anticipated start & finish dates</p>	
<p>Explain how your project / event delivers community wide benefits</p>	
<p>Identify your capacity to deliver this project / event, or describe previous experiences.</p>	
<p>What is the expected amount of participation from residents and/or local community groups? How will you ensure involvement from residents/groups?</p>	
<p>How will you acknowledge the Boco Rock Community Enhancement Fund? (CWPR/SMRC must be acknowledged for your project or event)</p>	

<p>Is the proposed project on council land?</p> <p>*If work is to be undertaken on a Council owned asset, you must seek a recommendation from the relevant council officer* see guidelines</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If NO, do <u>not</u> complete this section.</p> <p>Will the project require future maintenance?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Who do you propose undertakes the maintenance?</p> <p><input type="checkbox"/> Council</p> <p><input type="checkbox"/> Other (provide details)</p> <p>Have you received recommendation from council officer?</p> <p><input type="checkbox"/> Yes (attach recommendation)</p> <p><input type="checkbox"/> No – application will not be considered without written recommendation</p>
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FINANCIAL DETAILS	
<p>Total amount of Boco Funding requested</p> <p>(You must include GST only if you are registered for GST)</p>	<p>Cash Amount \$ _____ <input type="checkbox"/> Incl. GST <input type="checkbox"/> Excl. GST</p>
<p>Total cost of the project/ activity</p>	<p>Cash amount \$</p>
<p>Is there any co-funding?</p> <p>Please provide details.</p>	<p>Cash amount \$</p> <p>Provided by</p>

APPLICANT CHECKLIST

Have you attached the following - please mark with - Yes / No / Not Applicable

If the following documents are not attached, this may result in your application not being considered.

A copy of the group / organisation's most recent bank statement or treasurer's report for the past financial year.	
A copy of the group/organisation's public liability insurance.	
Where the group / organisation intend to purchase equipment, a copy of the required number of quote(s) obtained.	
Where the group/organisation does not have an ABN, a 'Statement by a Supplier' form is required.	
If your group/organisation is not incorporated, please supply a letter from your supporting body.	
Full budget for the project, detailing expenditure and income.	
Project plan if funding is for event sponsorship over the value of \$10,000.	
Correct number of quotes (as per guidelines) that the funding will be used for.	
Recommendation from the relevant council officer attached (if the proposed project is on council land).	

DECLARATION & SIGNATURE OF APPLICANT

If the following is not completed, this may result in the application not being considered.

- I confirm that the information contained in the application form and supporting documents are true and correct;
- I confirm that this application has been submitted with the full knowledge and support of the applicant;
- I declare that should this application be successful the funding will be expended as outlined in the above documentation, and;
- I acknowledge the grant funding acquittal requirements, and understand that surplus funds may be required to be returned.

Privacy Statement: The information on this form is being collected by Council for purposes associated with processing your application. Access to this information is limited to relevant Council Officers and it may be disclosed to any other government agency outside of Council as required by legislation. Supply of this information is required to enable accurate information to be provided. Your application may not be accepted or processed due to a lack of information. The information will be stored securely in Council's systems.

Signature	
Name	
Date	

SUBMITTING YOUR APPLICATION

Once you have completed your form send via:

Email council@snowymonaro.nsw.gov.au

Post PO Box 714, Cooma NSW 2630

Alternatively, you can hand deliver your application to any of the following office locations:

Cooma 81 Commissioner Street, Cooma NSW 2630

Berridale 2 Myack Street, Berridale NSW 2628

Bombala 71 Caveat Street, Bombala NSW 2632

Jindabyne 2/1 Gippsland Street, Jindabyne NSW 2627

Enquiries contact Governance on 1300 345 345