



COMMUNITY GRANTS PROGRAM 2019-2020 APPLICATION FORM

Sorell Council is calling for local youth services and community groups to submit an application for funding support towards a project, event or activity to be held during the 2019 - 2020 financial year. Applications for up to \$1500 will be accepted.

ORGANISATION DETAILS

Name of Group/Organisation:

Contact Person:

Title:

Telephone:

Email:

Postal Address:

ABN (if applicable):

AMOUNT REQUESTED \$
(\$1500 maximum)

GRANT APPLYING FOR:

Community

Youth

PROJECT DETAILS

What is the name of your proposed project/event/activity?

Please provide a summary of your proposed project/event/activity:

What do you consider the major benefit to the community as a result of your project/event/activity?

How many participants/people will directly benefit?	
Is your Organisation Incorporated? If no, you must be Auspice through an incorporated group.	Yes <input type="checkbox"/> No <input type="checkbox"/> The Auspiced Party _____
Is your Organisation registered for GST?	Yes No
How did you hear about the Community/Youth Grants Program? (Sorell Times, Website, Facebook etc.)	

Please detail total cost of the project, including amount requested from Council and other funding sources			
Item	Cost	In kind/other funding	Requested from Council
	Total	Total	Total

CONDITIONS OF FUNDING

ALL projects, events or activities must:

- Be completed/undertaken during 2019-2020 financial year
- Be held within the Sorell Municipality
- Be initiated within the community and will actively involve local people
- Acknowledge Sorell Council’s support of the event
- Have public liability insurance. Address relevant community issues
- Only one application per organisation will be considered
- An acquittal form must be completed and receipts must be returned to Council prior to end of financial year

Please see Grant Guidelines for further information on funding conditions.

Please tick and sign confirming that you have read and understood the conditions of funding:

- Yes, I have read and understood the partnership funding conditions

Signed on behalf of applying organisation: _____

PRINT NAME: _____ **DATE:** _____

Please return completed forms to:

Sorell Council, Community Services, PO Box 126, SORELL TAS 7172
or email to sorell.council@sorell.tas.gov.au

APPLICATIONS CLOSE 5.00PM ON FRIDAY 31 MAY 2019