



## COMMUNITY GRANTS PROGRAM APPLICATION FORM

Sorell Council is calling for community groups to submit an application for funding support towards a project, event or activity to be held throughout the year. Applications for up to \$2000 will be accepted.

### ORGANISATION DETAILS

Name of Group/Organisation:

Title of project:

Contact Person:

Position:

Telephone:

Email:

Postal Address:

ABN (if applicable):

**AMOUNT REQUESTED \$**  
(\$2000 maximum)

### PROJECT DETAILS

Please provide a summary of your proposed project/event/activity, including what you are going to do and why, who is involved and where the project will take place.

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

Is your Organisation Incorporated? If no, you must be Auspiced through an incorporated group.	Yes <input type="checkbox"/> No <input type="checkbox"/> The Auspiced Party _____
Is your Organisation registered for GST?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you hear about the Community 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
	<b>Total</b>	<b>Total</b>	<b>Total</b>

## CONDITIONS OF FUNDING

**ALL** projects, events or activities are required to meet the following funding conditions:

- Be held within the Sorell Municipality.
- Actively involve local community people.
- Acknowledge Sorell Council's support of the event.
- Have public liability insurance.
- Demonstrate benefits to the community.
- Only one application per organisation will be considered per financial year.
- Provide an acquittal form including receipts to Council within 12 months from grant approval notification.

***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:** \_\_\_\_\_

**THE COMMUNITY GRANTS PROGRAM IS OPEN THROUGHOUT THE WHOLE YEAR.**

Please return completed forms to:

Sorell Council, Community Services, PO Box 126, SORELL TAS 7172  
or email to [sorell.council@sorell.tas.gov.au](mailto:sorell.council@sorell.tas.gov.au)

***For Office Use Only:***

Approved:  Not Approved:

Comments:

Date: