

## Application Form

### APPLICANTS DETAILS

Name of Organisation	Click to type organisation's name.
Contact Person	Click to type contact person.
Address	Click to type address.
Phone	Click to type phone number.
Email	Click to email address.
ABN	Click to type ABN number.
Bank Account Name	Click to type bank account name.
BSB	Click to type BSB number.
Account Number	Click to type account number.

### PROJECT / ACTIVITY DETAILS

Name of Project / Activity		
Amount of funding requested	Click to type funding amount requested.	
Start and Finish date	START (click to tick)	FINISH (click to tick)
	Click to type start dates.	Click to type finish dates.
Briefly, describe Project / Activity	Click to type project description.	

ADDRESS CRITERIA

How will your project benefit the Mid-Western Region Community?

(Note: limited number of characters)

Click to type benefits.

What is the expected amount of resident participation?

(Please provide no. of estimated participants)

(Note: limited number of characters)

Click to type expected number of participants.

What level of consultation and collaboration with other local groups has your organisation undertaken?

(ie what other local community groups are or will be involved in this project?)

(Note: limited number of characters)

Click to type other local community groups involved.

Outline your organisation's capacity to deliver the Project / Activity OR describe previous experiences.

(Note: limited number of characters)

Click to type outline of your organisation's capacity to deliver the project.

Project Income	Community Grant (amount sought from Council)	<input type="text"/>	\$
	Expected Sales Revenue i.e. Entry Fee, Membership Sales	<input type="text"/>	\$
	Other Income	<input type="text"/>	\$
<b>TOTAL INCOME</b>			<b>0</b>

List proposed cash expenditure (provide copies of quotes for equipment)

Project Expenditure	Click here to add item.	<input type="text"/>	\$
	Click here to add item.	<input type="text"/>	\$
	Click here to add item.	<input type="text"/>	\$
	Click here to add item.	<input type="text"/>	\$
	Click here to add item.	<input type="text"/>	\$
	Click here to add item.	<input type="text"/>	\$
<b>TOTAL EXPENDITURE</b>			<b>0</b>

<b>TOTAL SURPLUS / DEFICIT</b>	<b>0</b>
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If positive or surplus budget, please provide further details/explanation what this surplus will be used for.

Click here to add details.

*(Note: Unspent grants >\$200 will be required to be returned to MWRC)*

**FINANCIAL DETAILS**

	YES (click to tick)	NO (click to tick)
Is your group/organisation Incorporated?	<input type="text"/>	<input type="text"/>
Have you registered for Goods & Services Tax (GST) purposes?	<input type="text"/>	<input type="text"/>
Do you have an Australian Business Number (ABN)? Note: If you do not have an ABN please attach a 'Statement by Supplier' form	<input type="text"/>	<input type="text"/>

Has your organisation/group previously received a Community Grant from Council?	YES (click to tick) <input type="checkbox"/>	NO (click to tick) <input type="checkbox"/>
If yes, please advise date and amount	DATE / YEAR <input type="text"/>	AMOUNT \$ <input type="text"/>
Did your group return the acquittal form?	YES (click to tick) <input type="checkbox"/>	NO (click to tick) <input type="checkbox"/>
Closing bank balance from the most recent bank statement or treasurer's report	\$ <input type="text"/>	
Comment on cash set aside for specific projects (optional)	<input style="width: 100%; height: 80px;" type="text"/>	

**APPLICATION CHECKLIST**

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

	SUPPLIED? (click to tick)	
	YES	NO
A copy of the group's/organisation's most recent bank statement or treasurer's report	<input type="checkbox"/>	<input type="checkbox"/>
A copy of the group's/organisation's public liability insurance	<input type="checkbox"/>	<input type="checkbox"/>
Where the group intends to purchase equipment, a copy of the quote/s obtained	<input type="checkbox"/>	<input type="checkbox"/>
Where the groups/organisations does not have an ABN, 'Statement by Supplier' is required	<input type="checkbox"/>	<input type="checkbox"/>
If your group is not incorporated, please supply a letter from your auspicing body	<input type="checkbox"/>	<input type="checkbox"/>

**AUTHORISATION OF APPLICANT**

Name	<input style="width: 100%; height: 25px;" type="text"/>
Position	<input style="width: 100%; height: 25px;" type="text"/>
Date	<input style="width: 100%; height: 25px;" type="text"/>

- I confirm that the information contained in the application form and within the attachments are true and correct.
- I confirm that this application has been submitted with the full knowledge and support of the applicant.
- I acknowledge the Community Grants Program acquittal requirements and understand that surplus funds may be required to be returned to Council.
- I am aware that this application will be reproduced in the Council Business Paper, and authorise public release of information provided.

## SUBMIT YOUR APPLICATION

**EMAIL:** After you complete this digital form, please save it to your computer and email to [council@midwestern.nsw.gov.au](mailto:council@midwestern.nsw.gov.au)

**DELIVER TO:** Customer Service Locations

86 Market Street  
MUDGEE

109 Herbert Street  
GULGONG

77 Louee Street  
RYLSTONE

**MAIL TO:** Mid-Western Regional Council  
Attn: Finance Department  
PO Box 156  
MUDGEE NSW 2850

