Introduction

Overview

Welcome to the application form for Inner West Council's **Community Wellbeing grants stream.** Grant funding of up to \$10,000 per year for two years (multiyear) is available to support projects which address local issues, promote social justice, enhance wellbeing, strengthen the sustainability and capacity of Inner West community and foster inclusion, equity, and social connection.

Council's multiyear grant funding offers community organisations the opportunity to develop innovative projects which require longer timeframes to achieve outcomes. In 2024, Council will offer multi-year grants over two years for community wellbeing grants.

Grant Guidelines

Before completing your application, please refer to <u>Council's Grant Guidelines</u> to ensure your project is eligible and aligned to the objectives of the grant stream you are applying to. Applicants are encouraged to familiarise themselves with <u>Council's plans</u>, <u>policies and strategies</u>.

Incomplete applications and/or applications received after the closing date will not be considered.

Other Council grant streams

Council offers a number of grant programs to support a culturally diverse, progressive and sustainable Inner West.

Applicants may only submit one application each round. Please check that your application is submitted to the most relevant grant stream. Once submitted it is not possible to transfer applications to another stream.

For more information, please visit our website.

For more information

It is recommended all applicants speak with a Council officer on 02 9392 5215 to clarify your project ideas, eligibility and to ensure you are applying to the correct grant stream.

Instructions

- Please provide a response to all relevant questions
- When you have completed all of the questions click on **Next Page** to view the next page of the form
- Click Save Progress regularly to make sure your changes are saved
- You can jump pages by clicking on the **Application Form Navigation** area on the right-hand side of the form

 Once you have completed all pages the last page will ask you to Review your application - if you are happy with your responses you can click Submit. If your submission was received you will be sent a confirmation message saying your application has been submitted.

Project Details

* indicates a required field

Project Summary

Please specify how your project will benefit the Inner West. To be eligible for funding, projects must be located in the Inner West Council area or offer a project that primarily benefits Inner West residents. A <u>detailed Inner West Council ward map</u> is available to download.

Project title *	
	Must be no more than 15 words. Hint: Provide a name for your project/initiative. Your title should be short but descriptive
Start Date *	
	Must be a date and no earlier than 1/10/2024.
End Date *	Must be a date.
	Must be a date.
Brief project description. This content will be used to describe your project	
to Council *	Word count: Must be no more than 100 words. Hint: Include a brief summary of your target group (i.e. who it benefits), what you will do (i.e. the activities you will perform),

Project purpose

How will your project benefit local residents, workers and/or visitors to the Inner West *

Word count:

Must be no more than 100 words.

Hint: Explain why this initiative is needed, and why the activities you propose will produce the outcomes you seek. Where possible provide evidence that demonstrates the link between the activities to the outcomes

and what you expect to achieve from your activities (outcomes)

Project goals

Please explain how you intend to meet the grant objective/s through your project outcomes and measures. These are defined as:

- **Project goal:** Describe the outcome/s you want to achieve at the end of your project.
- **How will you measure this?** Demonstrate how you will measure your achievement towards the project goals. What evidence will you provide to show outcomes achieved.

At least one goal must be provided.

Goal 1 *		Н	ow w	ill you measure t	his? *	•	
E.g. Increased awareness; commun participation; skills development et						rticipants or or or ted a benefi	attendees, % t etc.
Goal 2		Н	ow w	ill you measure t	his?		
E.g. Increased awareness; commun	oity		G .	# activitios	# pa	urticipants or	attendees, %
participation; skills development et						rted a benefi	
					- 1		
Project plan							
,							
Please provide a timeline outlin	ing th	e key activ	'itie	s to be deli	ver	ed.	
						••	
Key activity or milestone	Due d	iate			νετ	ails	
	Hint: W	Vhen do you	pla	n to	Hint	: Provide furt	her details as
your project plan?	achiev	e this?			nece	essary	
Project location							
Please indicate the suburb/s yo	ur nro	iect will co	ver	Only sele	ct:	a mavimun	of four
target suburbs. If your project							
Inner West Council area, simply						•	3
	_		_		_		
Which suburbs will the project benefit? *		Annandale	⊔ Pa		Ш	Lilyfield	☐ St Peters
project benefit:		Ashfield		Dobroyd int		Marrickville	e□ Summer Hill
		Balmain		Dulwich Hi			□ Sydenham
		Balmain		Enmore		Petersham	☐ Tempe
	Eas	-		Haberfield		Rozelle	☐ Inner West LGA (all)
				Leichhardt		Stanmore	☐ Other:
		mperdown					
		Croydon		Lewisham			

No more than 4 choices may be selected.

Project location address:		
*		
	Word count:	
	Must be no more than 100 word	
	Hint: Include address and other	relevant information for the
	project location/s	
Target audience		
Is your project targeting a general address specific groups in the local members will benefit from this p	cal area? Please state which l	
Primary target audience	☐ Aboriginal and Torres	☐ Youth
*	Strait Islander peoples	
	☐ All residents	☐ People with a disability
	□ Women	☐ Refugees and asylum
		seekers
	☐ Children and families	☐ Lesbian, gay, bisexual,
		transgender, queer communities
	□ Older people (ever 55	☐ People who are homeless
	☐ Older people (over 55 years old)	(including residents of
	years old)	boarding houses)
	☐ People from culturally	□ Other:
	and linguistically diverse	□ Other.
	communities	
	No more than 2 choices may be	e selected.
	Hint: Select who the primary be	
Applicant capacity		
What skills and experience d	o the people in the project	team bring to the project?
Word count:		
Must be no more than 100 words.		
Hint: Council wants to understand th		involved in project delivery.
Supporting material can be attached	at the end of the application	
Marketing and promotion		
Please provide details of how	you intend to market and	I promote your project to
the Inner West community *		
Word count:		

Project partners

Please provide details of any individual/s and/or organisation/s you plan to partner with to deliver this project.

An acknowledgement letter from these partners must be attached confirming their involvement in the project. Attach this letter to the supporting material section that follows.

Name of organisation			Upload letter of support	
Supporting Mater	ial			
Please attach an example of past project experience (n a file:		
reporting from past projects) *				
Please attach a brie resume of key perso working on this proj	nnel	n a file:		
If your project is tak place on land you do not own/manage, at		n a file:		
land managers appr (eg letter from Scho Principal)	oval			

Budget

* indicates a required field

Preparing Your Budget

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for. Please discuss your budget with your grant stream officer to ensure it includes:

- Indicative quotes must be included for any items over the value of \$500
- Expected project income, including any contributions (donations of goods or services) or other funding sources
- Expected expenditure, including specifying which items you intend to purchase with Council grant funds
- Please account for any in-kind contributions in the 'In-Kind' column
- Please do not add commas to figures e.g. Figures must read "\$1000" not "\$1,000" to ensure your table automatically sums correctly

Two-Year grant funding request

Two-year grant funding offers community organisations the opportunity to develop innovative projects which require longer timeframes to achieve outcomes.

Two-year grant applicants must create a budget for the duration of the grant (two years), detailing their desired payment instalment in Year 1 and Year 2.

Year 1 (2024-2025) *	\$
	Must be a dollar amount and no more than 10000.
Year 2 (2025-2026) *	\$ Must be a dollar amount and no more than 10000.
Total Amount Requested *	\$ This number/amount is calculated. What is the total financial support you are requesting in this
	application?

Council facility hire for projects

Council may provide fee waivers for hire of Council facilities to undertake projects that receive grant funding. Please discuss your needs for a project venue (including parks and open spaces) with the relevant grant stream officer.

Budget: Income

Your budget must show how you arrived at the total amount requested for this grant, including all sources of project income and expenditure.

Income Description	Funding Source	\$ In-Kind Contributions	\$ Income Year 1 \$ Income Year 2		
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
e.g. Inner West	e.g. Inner West	e.g. Volunteer Time		\$ Funding	
Council Grant	Council		Requested Year 1	Requested Year 2	
		amount.	Must be a dollar	Must be a dollar	
			amount.	amount.	

Budget: Expenditure

Expenditure Description	Funding Source	\$ In-Kind Contributions	\$ Expenditure Year 1	\$ ExpenditureYear 2
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
e.g. Resources	e.g. Inner West Council Grant	e.g. Volunteer Time	Must be a dollar amount.	Must be a dollar amount.

Budget Totals (read only)

Please ensure your budget balances so that Total Income Amount = Total Expenditure Amount.

Total Income Amount	Total Expenditure Amount	Income - Exp	enditure
This number/amount is calculated.	This number/amount is calculated.	This numb	per/amount is I.
Supporting material			
Please attach quotes for any project expenses	Attach a file:		
over \$500			
If you or your organisation received	○ Yes	○ No	Didn't receive funding in the last
a grant from Inner West Council in the last 1-2 years, have you acquitted it? *			2 years ow funds were spent groups or people who
Have you or your organisation received or are currently receiving any other forms of support from Inner West Council? *	○ Yes	○ No	
If yes, please specify the other types of support			
you are currently receiving from Inner West Council *	Word count: Must be no more tha	n 75 words.	
Have you or your organisation applied to other funding sources for this project? *	○ Yes	○ No	
If yes, please specify the additional funding			
sources you have applied to receive *	Word count: Must be no more tha	ın 75 words.	

Contact for Application

* indicates a required field

Applicant Contact Details Applicant organisation * Organisation Name Applicant contact * Last Name First Name Hint: This is the primary person Council will communicate with about this grant Applicant address * Address Address Line 1, Suburb/Town, State/Province, and Postcode are required. **Applicant phone number** (business hours) * Must be an Australian phone number. **Applicant phone number** (after hours) * Must be an Australian phone number. Applicant email * Must be an email address. Hint: This is the email address Council will use to communicate with you about this grant Organisation type Select which type of An incorporated not-for-profit community group or organisation you are organisation applying on behalf of: * An unincorporated community group applying through an Auspice incorporated not-for-profit organisation Auspice approval Unincorporated groups require an auspicing organisation to be eligible to apply. Auspicing is where a legally constituted not-for-profit organisation administers grant funding on behalf of an applicant who is not eligible to apply in their own right. Is this organisation Yes agreeing to act as an \bigcirc No

Auspice for your grant application? *	
Please upload a letter	Attach a file:
of agreement from the Auspice Organisation to	
support this application *	
Organisation Details	
* indicates a required field	
Organisation Contact Det	ails
	Organisation that is applying. If successful, this organisation agreement and be responsible for any funding that is
Legal name of organisation *	Organisation Name
	Hint: Please use your organisation's full name. Check your
	spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO
Organisation contact *	First Name Last Name
Position held in	
organisation *	Hint: Manager, Board Member, Fundraising Coordinator
Organisation address *	Address
	Address Line 1, Suburb/Town, State/Province, Postcode, and
	Country are required.
Organisation postal address (if different)	Address
address (ii dillerelit)	
Organisation phone number *	
	Must be an Australian phone number.
Organisation email address *	
	Must be an email address.

Website URL (if applicable)	Must be a URL.
Does your organisation have an ABN? *	YesNo
ABN Lookup	
Organisation ABN *	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.
Supporting Materials	
Please upload a copy	Attach a file:
of your organisation's Certificate of	
Incorporation *	
Please upload a copy	Attach a file:
of your organisation's most recent Audited	
Statement or Statement of Income and Expenditure *	
Please upload a copy	Attach a file:
of your organisation's Certificate of Public	

value of \$20 million *

Certification

* indicates a required field

Supporting documentation

Please upload any final documents relevant to your application:

Attach a file:

Hint: Attach any final supporting documentation here, such as letters of support

Certification

Before you can complete and submit an application you must accept the following conditions by declaring:

I certify that:

- I have read and understood the Inner West Council Grant Guidelines
- I accept the conditions and have been authorised to make this application
- All information supplied as part of this application will be true and accurate to the best of my knowledge
- All activities proposed by this application will be conducted in accordance with current legislation, including but not limited to, complying with Working with Children legislation
- The information provided for the title and description may be used for media and communication purposes

I acknowledge that:

- Applications and any additional materials cannot be submitted after the advertised closing date and time
- Inner West Council has the right to investigate any information provided in this application and/or to request for additional information
- It is solely my responsibility to ensure my application is correct and complete before submitting. Inner West Council does not check, amend or update applications.
 Applications cannot be modified after being submitted
- Inner West Council has the right to withdraw any offer of funding or demand the return of funds already paid if my declaration is found to be incorrect or misleading
- Inner West Council staff are available 9am-5pm Monday to Friday during the grant round to provide technical and general guideline advice. Staff are not able to provide advice on content or choices required within my application.

Do you understand and acknowledge these conditions?

Authorised applicant's endorsement *	○ Yes	
Name of authorised	First Name	Last Name
person *		
Declaration date *		
	Hint: No late applic	cations will be accepted

Important note for applicants

Please keep a record of the SmartyGrants (username and password) details you used to submit this application.

You will need your SmartyGrants login details for all future communications relating to this project, including funding agreements and evaluation acquittal reports.