# Community Wellbeing Grant 2027
Form Preview

## Eligibility

* indicates a required field

**Program**

This field is read only.

### Important Information About This Grant

The Community Wellbeing Grant supports initiatives that enhance the health, safety, and inclusion of Eurobodalla residents. It aligns with the theme "Our Community" from the Eurobodalla Community Strategic Plan 2042, which celebrates and supports people of all ages.

Before completing this application form, you should have read the 2027 Community Wellbeing Grant Guidelines.

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

### Important Information About Saving Your Application

To avoid losing any work, it's a good idea to save regularly - we recommend every 5 to 10 minutes. If you don't save or change pages, you will be logged out after 20 minutes and any unsaved changes will be lost. You don't need to complete the form all at once - you can work on it in stages. Just make sure to click 'save' each time before you exit.

If you have any questions, please contact Council's Grants team on (02) 4474 7363 or email grants@esc.nsw.gov.au

If you do contact us throughout the application process, please quote the application number below.

**Application Number**

This field is read only.

### Confirmation of Eligibility

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete this section before you start your application to ensure you do not waste your time applying for an unsuitable grant.

**Before proceeding, please confirm the following:**

- you have read and understood the program guidelines
- you are able to demonstrate alignment between your project and the objectives of this program

- your project is being delivered by an eligible applicant group, such as a not-for-profit and community organisation (groups delivering programs that improve health, wellbeing, and social inclusion to residents of Eurobodalla), youth-focused organisation (groups supporting young people through skills development, and engagement initiatives), emergency and volunteer service (organisations such as Surf Life Saving Clubs, Volunteer Coastal Patrol, and rescue squads that contribute to community safety), or individuals and teams representing Eurobodalla (athletes, artists, and community members selected to compete or perform at state, national, or international levels).
- you or your organisation is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- your organisation is located in (and/or supplies services to) Eurobodalla Local Government Area (NSW).
- your organisation is able to demonstrate financial viability
- your organisation does not owe any reports or money to Eurobodalla Shire Council as a result of previous funding or grants
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant
- your organisation is not a political party
- you or your organisation is not a state or federal government representative, organisation, department or entity.

**You must confirm that all statements above are true and correct.** *
☐ Yes

## Contact Details

* indicates a required field

### Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.* To view our privacy policy, please refer to the Privacy and Information Protection Policy.

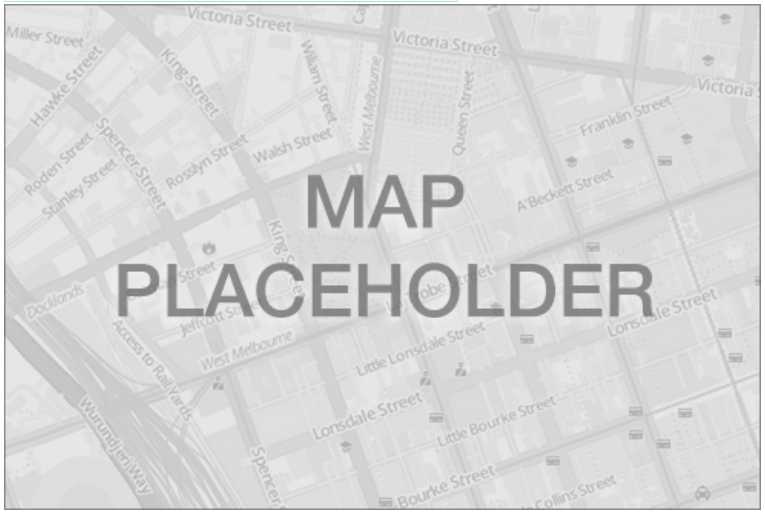
### Applicant Details

**Applicant** *
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last Name

Make sure you provide the same name that is listed in official documentation.

**Applicant primary address**
Address




**Applicant postal address**
Address

**Applicant primary phone number** *

Must be an Australian phone number.

**Applicant email address** *

Must be an email address.

## Primary Contact Details

**Primary contact** *
Title First Name Last Name

This is the person we will correspond with about this grant.

**Position held in organisation** *

e.g., Manager, Director or Fundraising Coordinator.

**Primary contact phone number** *

Must be an Australian phone number.

**Primary contact email address** *

This is the address we will use to correspond with you about this grant.

## Bank Details

**Account name** *

**BSB number** *

**Account number** *

## Organisation Details

* indicates a required field

**How would you best describe your organisation or initiative?**
☐ Not-for-profit or community organisation (group delivering programs that improve health, wellbeing, and social inclusion to residents of Eurobodalla).
☐ Youth-focused organisation (group supporting young people through skills development, and engagement initiatives).
☐ Emergency and volunteer service (organisation such as Surf Life Saving Club, Volunteer Coastal Patrol, or rescue squad that contribute to community safety).
☐ Individual or team representing Eurobodalla (athlete, artist, or community member selected to compete or perform at state, national, or international levels).
☐ Other:

Select the option that best fits your role in delivering the project.

**What is your organisation's legal structure?** *
○ Unincorporated association
○ Incorporated association
○ Cooperative
○ Company limited by guarantee
○ Indigenous corporation, association or cooperative
○ Organisation established through specific legislation
○ Trust
○ Unknown
○ Other:

If your organisation is unincorporated. it must have an auspice organisation.

**Does your organisation have an ABN?** *
○ Yes ○ No

**Applicant 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 | |

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

**Please upload completed Statement of Supplier Form.** *
Attach a file:

Max 25mb per file uploaded

**What is your incorporation number?** *

Incorporated Association or Australian Company Number

## Auspice Information

* indicates a required field

**Is your organisation auspiced by another organisation for the purpose of this grant?** *

○ Yes ○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

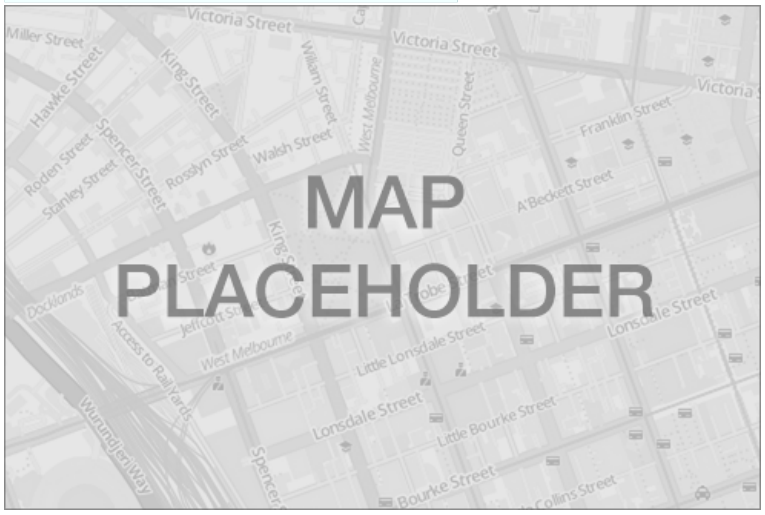
### Auspice Organisation Details

**Auspice organisation name** *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

**Auspice primary address**
Address




**Auspice postal address**
Address

**Auspice primary phone number** *

Must be an Australian phone number.

**Auspice email address** *

Must be an email address.

**Primary contact person at auspice organisation** *
Title First Name Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

**Position held in organisation** *

e.g., Manager, Board Member or Fundraising Coordinator.

**Auspice primary contact phone number** *

Must be an Australian phone number.

**Auspice primary contact email address** *

Must be an email address

**Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current.** *
Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

**Does the auspice organisation have an ABN?** *
○ Yes ○ No

**Auspice 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.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

**Please upload completed Statement of Supplier Form:** *
Attach a file:

Max 25mb per file uploaded

## Project Details

* indicates a required field

To avoid losing any work, it’s a good idea to save regularly - we recommend every 5 to 10 minutes. If you don’t save or change pages, you will be logged out after 20 minutes and any unsaved changes will be lost. You don’t need to complete the form all at once - you can work on it in stages. Just make sure to click ‘save’ each time before you exit.

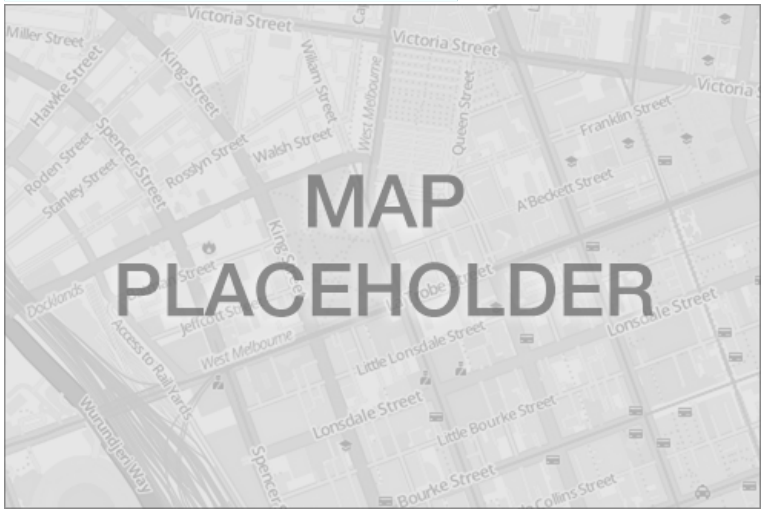
**Project title** *

Must be no more than 25 words.

**Project location** *

Eg community centre, local facility, or hall.

**Project location address** *
Address




Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**Project start date** *

**Project end date** *

**Please provide a short summary of your project** *

Word count:
Must be no more than 100 words.
This should be a clear, concise summary that gives assessors a quick understanding of what the project is, who it's intended to benefit, and what outcomes you hope to achieve for the community. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

**What are the planned activities?** *

Word count:
Must be no more than 250 words.
Briefly list and describe the activities that will be delivered as part of your project (eg workshops, outreach, support services, education and training, or community engagement programs). This question is worth 30% of your total score.

**Which grant objective(s) does your project address?**
☐ Enhance community health and wellbeing (support projects that promote physical, mental, and social wellbeing for residents of all ages).
☐ Support youth development and engagement (fund initiatives that create opportunities for young people to learn, grow, and participate in their community).
☐ Strengthen community safety and resilience (assist emergency and volunteer organisations in maintaining essential services that protect and support the community).
☐ Encourage environmental and sustainability stewardship (provide assistance for environmental and sustainability projects that benefit the Eurobodalla region).
☐ My project does not address the grant objectives.
Select all that apply.

**How will you demonstrate that each selected objective has been achieved?** *

Word count:
Must be no more than 250 words. Eg surveys, photos, feedback, media coverage. This question is worth 30% of your total score.

**Who are the primary beneficiaries of this project?** *

No more than 5 choices may be selected.
Please choose only the group/s that are at the very core of this project.

**Why are the selected groups most likely to benefit from your project, and how will your activities meet their needs?** *

Word count:
Must be no more than 250 words.
This question is worth 25% of your total score.

## Project Budget and Funding

* indicates a required field

To avoid losing any work, it's a good idea to save regularly - we recommend every 5 to 10 minutes. If you don't save or change pages, you will be logged out after 20 minutes and any unsaved changes will be lost. You don't need to complete the form all at once - you can work on it in stages. Just make sure to click 'save' each time before you exit.

**Total Amount Requested** *

What is the total funding you are requesting in this application? Maximum grant amount is $2,000 (excluding GST).

**Total Project Cost** *

What is the total budgeted cost (dollars) of your project? (Excluding GST.)

**Will you be contributing funds and/or in-kind support to deliver the project?** *

- ○ Yes
- ○ No

This question is worth 10% of your total score.

## Project Budget (Income)

Please outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not. Amounts should be excluding GST.

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

The income types listed in the dropdown menu are provided as suggestions to assist with completing the form. If your event has income sources not listed, please select 'Other' and specify your income type in the space provided.

| Income description | Income type | Is this funding confirmed? | Income amount (budgeted) | Notes |
|---|---|---|---|---|
| | Other: | | | |
| Provide a clear description for each budget item. Examples of income could include sponsorship from local businesses (please specify name), fundraising activities (raffle, | Please select the type of income or add your own using 'other'. | | Enter the total amount expected to be received. Must be a dollar amount. | Add notes if you need to provide more context. Must be no more than 50 words. |

| | | | | |
|---|---|---|---|---|
| sausage sizzle, trivia night), or donations from community members. Must be no more than 50 words. | | | | |

## Project Budget (Expenditure)

Please outline your project expenses in the expenditure table below. Amounts should be excluding GST.

| Expenditure description | Expenditure type | Expenditure amount (budgeted) | Notes |
|---|---|---|---|
| | Other: | | |
| Provide clear descriptions for each budget item. Examples of expenses could include mental health workshop facilitator, portable defibrillator, or accessible ramps. Must be no more than 50 words. | Please select the type of expenditure or add your own using 'other'. | Enter the total amount to be expended on this budget item. Must be a dollar amount. | Add notes if you need to provide more context. Must be no more than 50 words. |

## Calculating Budget Totals

The total budget income and total project expenditure should match. This calculation should be zero ($0). If they do not match, please amend your figures above.

## Budget Totals

**Project Budget (Income)**

This number/amount is calculated.

**Project Budget (Expenditure)**

This number/amount is calculated.

**Income - Expenditure**

This number/amount is calculated.

## Grant Funding Approved Purpose

**What items from the project budget expenditure table will the grant funding be used for? This establishes the approved purpose.** *

Word count:
Must be no more than 250 words.

## Project Budget and Funding (continued)

* indicates a required field

### Additional information

**How will you publicly acknowledge Council's support? ***

Word count:
Must be no more than 100 words.
This question is worth 5% of your total score.

**Will the project proceed if the full grant amount requested is not available? ***

- ○ Yes
- ○ No

By indicating that the project could proceed without the full amount requested does not indicate that your request will automatically be reduced. However, if you indicate your project cannot proceed without full funding you risk receiving no funding, even if partial funding is available and warranted.

**What is the minimum amount of funding you would need to receive to deliver this project? ***

Must be a dollar amount.

**If the full grant amount is not awarded, please outline how this would impact the delivery of your project. Specifically, what components would be scaled back, modified, or removed, and would the project still be able to proceed in some form? ***

Word count:
Must be no more than 250 words.

## Certification and Feedback

* indicates a required field

### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I agree to use the funds for the approved purpose. If my application is successful, I agree to submit a project acquittal after the event.**

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**I agree** *

☐ Yes

**Name of authorised person** *

Title | First Name | Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

**Position** *

Position held in applicant organisation (e.g. CEO, Treasurer)

**Phone number** *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

**Email** *

Must be an email address.