

Eurobodalla Mayoral Representatives Grant 2024-25

Form Preview

Guidelines and Eligibility

* indicates a required field

Guidelines

Before completing this application form it is important to read the [Mayoral Representatives Grants Guidelines](#).

If you have any questions about the guidelines or eligibility criteria, please contact:

Elliott Bowyer

T: 02 4474 7485

E: elliott.bowyer@esc.nsw.gov.au

I confirm that I have read the Guidelines and that this application meets all program requirements *

Yes

Eligibility for a Mayoral Grant

Applications must meet all of the following eligibility criteria:

- All applications must be made through our online application form
- You/your team must be not-for-profit and able to prove you are a resident of, or are a Eurobodalla based team
- You/your team can contribute some financial support or volunteer labour to the activity
- You/your team can provide adequate insurance coverage for the activity
- You/your team does not have any outstanding debts to Council

Successful applicants are required to:

- Provide bank details for electronic transfer of funds
- Sign and comply with the funding agreement accepting the conditions of funding
- Invite a Council representative to attend/participate in any related public events/award ceremonies

Exclusions

Applications that satisfy criteria for other community grants categories within our [Community Grants Policy](#) are excluded from the Mayoral Grant. Other categories are:

- Annual grants
- 4-yearly grants
- Events grants

Applications will not be accepted from:

- Commercial or profit-making enterprises or projects
- Political parties
- Government departments

Applications will not be accepted for the following purposes:

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- General fundraising activities
- General shortfalls in funding by government departments
- Completed or retrospective activities
- Duplication of existing services

Incomplete applications will not be considered.

Contact

If you require assistance in completing the application, please contact Elliott Bowyer, Executive Services Officer – Councillors on 02 4474 7485 or email to elliott.bowyer@esc.nsw.gov.au

Note: Funding is very competitive. Council cannot guarantee the success of the applications.

I confirm that the application meets the eligibility criteria described above. *

Yes

To submit your application you must confirm...

Applicant Details

* indicates a required field

Applicant Details

Name of applicant *

Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.

Physical address *

Address

Suburb State Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you are an organisation that operates in multiple locations or from multiple offices, please pick one as your primary address.

Postal address (if different from above) *

Address

Suburb State Postcode

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We may send mail to this address.

When did you last receive a grant or other assistance from Council? *

If you/your organisation/group has not received a grant or other assistance from Council, enter "NA"

Are you/your organisation government funded? *

Yes No

For example by an annual government grant, or part of a government organisation or educational institution

Applications from government-funded entities will be viewed as a low priority

Please describe your government funding *

Contact Person

Individual applicant details or Contact person *

Organisation Name

This is the person we will correspond with about this grant

Position held in organisation *

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

Day time phone number *

Must be an Australian phone number.

Mobile number

Must be an Australian phone number.

Email address *

Must be an email address. This is the email address we will use to correspond with you about this grant.

Activity Details

* indicates a required field

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Name and Description

Name of your activity *

Please give a brief description of your proposed activity or project.

Word count:

Must be no more than 200 words

Insurance

Ensure you/your group has adequate insurance coverage for your activity. Eurobodalla Shire Council accepts no responsibility for activities conducted through this grants program.

Does your organisation have public liability insurance? *

Yes

No

Budget

* indicates a required field

List of expenses

Item eg venue hire, food, equipment etc. Total Cost

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	Must be a dollar amount.

List any other contributions

Do not include council grant funding

List each contribution source eg. volunteers, sponsorships, fees etc.

Contribution Amount

	\$
	\$
	\$
	Must be a dollar amount.

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Individual grants up to a maximum of \$750 are available throughout the year. Grant allocation is dependent on the remaining budget allowed in Council's [Operational Plan](#).

Total cost of event or activity

\$

This number/amount is calculated.

Total other contributions

\$

This number/amount is calculated.

Grant amount you are applying for *

\$

Must be a dollar amount.

Bank Account Details

All applicants must complete the Direct Credit Authority. Grant funds are paid to successful applicants by direct credit into a bank account.

Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Declaration and Feedback

* indicates a required field

Privacy Notice

Council is committed to protecting the privacy of your personal information (being information capable of identifying you as an individual).

We follow fair information usage and handling practices to comply with our obligations under the *Privacy and Personal Information Act 1998 NSW* (PIIP Act) and the *Health Records and Information Privacy Act 2002 NSW* (HRIP Act). We have developed a detailed Privacy Management Plan (based on a model provided by the NSW Office of Local Government and the Privacy Commissioner) to outline our approach to privacy and information protection.

Personal information will be used only for the purpose/s intended and where the intention includes confidentiality, information will be treated as such unless otherwise required or authorised by law.

Our [Privacy statement](#) explains how your personal information will be treated when you interact with Council.

Declaration

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

I declare that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant is approved for this grant, they will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I hereby authorise Eurobodalla Shire Council to contact the bank nominated for the sole purpose of confirming the account details provided and accept the conditions of funding the Mayoral Representative grant.

I agree *

Yes

No

Name of authorised person *

Title

First Name

Last Name

Must be the individual applicant or a senior staff member, board member or appropriately authorised volunteer

Position *

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

Contact phone number *

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

Very easy

Easy

Neutral

Difficult

Very difficult

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.