

Guidelines and Eligibility

* indicates a required field

Guidelines

To be considered eligible for this grant you must read and agree to the eligibility guidelines listed in section 2 below.

Incomplete applications will not be considered and applications cannot be submitted after the closing date/time.

If you have any questions in regards to these eligibility criteria, please contact:

Rhonnie South

T: 4474 1296

E: rhonnie.south@esc.nsw.gov.au

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

☐ Yes

Eligibility for a Eurobodalla Healthy Communities Grant

Applications must meet all of the following eligibility criteria:

- Your group needs to be not-for-profit and either incorporated or able to prove that they are a bona fide Eurobodalla based community group.
- Your group can contribute some financial support or volunteer labour to the activity.
- Your group can show that it has adequate insurance coverage for the activity.
- Your group does not have any outstanding debts to council.
- Your group considers environmentally friendly options and resources.

Your group will use the grant to achieve one or more of the following outcomes in your local community:

- makes a positive contribution to the community
- encourages people in the Eurobodalla to be healthy and active
- celebrates cultural diversity and inclusion
- provides opportunities for volunteering and / or social interaction
- improves access to information, a service or a facility
- improves community safety
- improves access and / or encourages people with disability to participate
- teaches or develops a new skill
- helps the community in bushfire/disaster recovery
- builds community resilience

Grant funding is not available for:

- rental costs, i.e. room or venue hire

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- annual running costs e.g. insurance, incorporation fees
- improvement works on private property
- individuals.

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

Selection priority

Applications will be assessed on merit and available funding.

Activities that have been previously funded by Eurobodalla Shire Council Healthy Communities Grants or applications from Government-funded organisations will be viewed as a low priority.

I confirm that the application meets the eligibility criteria described above, and I acknowledge the selection priority *

☐ Yes

To submit your application you must confirm...

Applicant Details

* indicates a required field

Applicant Organisation

Name of organisation/group *

Organisation Name

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's address *

Address

Suburb State Postcode

If your organisation operates in multiple locations or from multiple offices, please pick one as your primary address.

Does your organisation have an ABN? *

☐ Yes

☐ No

Is your organisation incorporated? *

☐ Yes

☐ No

When did your organisation/group last receive a grant, or other assistance from Council? *

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

Is 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 organisations will be viewed as a low priority

Please describe your government funding *

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	

Must be an ABN.

Unincorporated organisations/groups

Please provide evidence that your group is a bona fide Eurobodalla based community group *

Attach a file:

This could be shown by minutes of an Annual General Meeting noting office bearers or monthly meeting minutes

Applicant Contact Person

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Contact person *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is the person we will correspond with about this grant

Position held in organisation *

e.g. 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

Name and Description

Name of your activity or project *

Please tick the outcome/s that your activity will achieve *

- ☐ Makes a positive contribution to the community
- ☐ Encourages people in the wider community in the Eurobodalla to be healthy and active
- ☐ Celebrates cultural diversity and inclusion
- ☐ Provides opportunities for volunteering and / or social interaction
- ☐ Improves access to information, a service or a facility
- ☐ Improves community safety
- ☐ Teaches or develops a new skill
- ☐ Improves access and / or encourages people with disability to participate
- ☐ Assists the community in disaster recovery
- ☐ Builds community resilience

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

Word count:

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Must be no more than 200 words

Insurance

Ensure your group has adequate insurance coverage for your activity. Eurobodalla Shire Council accepts no responsibility for activities conducted through its Grants programs.

Does your organisation have public liability insurance? *

☐ Yes ☐ No

Bank Account Details

Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Additional Information

If you being auspiced by another organisation, please ensure you have permission to do so.

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

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

Grants are generally up to a maximum of \$500 for healthy communities and up to \$2000 for recovery. Council reserves the right to allocate more or less funding to any application.

Total cost of event or activity

\$
This number/amount is calculated.

Total contributions

\$
This number/amount is calculated.

Grant amount you are applying for *

\$
Must be a dollar amount.

Declaration

* 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

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 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 agree *

☐ Yes

☐ No

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Name of authorised person *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Contact phone number *

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

Date *

Must be a date