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Application for Southern Phone Grants Scheme

Submitting your application

Typed applications are preferred. Handwritten forms are acceptable if written neatly in black ink. These forms will be photocopied for assessment and need to be clear and legible. Applicants should retain a copy for their own record.

Electronic copies of the application form can be downloaded from Council's website at www.begavalley.nsw.gov.au

Applications are encouraged to be emailed to council@begavalley.nsw.gov.au

Applications close 21 November 2014

Background

Southern Phone Company Ltd is a public company owned by 41 Local Councils, one of which is Bega Valley Shire Council.

The company has implemented a new initiative in 2014 – The Southern Phone Grants Scheme.

The scheme aims to provide up to \$25,000.00 to fund community-based projects within the local Council area.

The objective of the scheme is to extend Southern Phone's support to community groups and projects which would otherwise not receive adequate or any funding by Council.

These include provision of funding for projects which:

- a. Provide a direct benefit to the community within the Council area
- b. Would not usually be funded by Council in its normal course of business

Funds may only be used to provide a physical asset for, or service to, the local community within Council's local government area.

Funding will only be available to legally constituted, not-for-profit, non-political and non-advocacy community groups or organisations.

Priority will be given to organisations and community groups that:

- Have a start and finish date for project delivery
- Have a project plan in place detailing how the project will be delivered
- Identify specific project objectives and outcomes to be achieved as a result of funding

Funding will not usually be provided for costs that are part of day-to-day operations (such as rent on premises) unless it is an additional expense associated with the project.

Selection Criteria includes:

- The project is located within the boundaries of your Local Council area
- Does not duplicate an existing project, activity or service in your local community
- Supports and strengthens community groups/volunteers
- Contributes to a sustainable environment
- Encourages more resilient, healthy and active communities

Grants which are approved will be announced on 19 December 2014.

The grants must be expended between January and June 2015, with the final acquittal occurring in June 2015.

Organisation Details						
Organisation Name						
Postal Address	Street Address or PO Box Number					
	Suburb			Postcode		
Contact Person	Title		Given		Surname	
Position						
Telephone (BH)			Mobile Telephone			
E-mail						
Please provide a brief description of your organisation (50 words)						
Public Liability Insurance Details <i>(It is suggested that the Certificate of Currency is attached to this application).</i>						
Certificate Number:						
Expiry date:						
Insurance Company:						
Name of Insured Organisation:						
GST Details						
Are you registered for GST? (circle)			Yes	No		
Do you have an Australian Business Number (ABN) (circle)			Yes	No		
ABN:						
4b Organisation Sponsor						
If your organisation is NOT registered for GST provide details of the organisation who will be your Project / Event sponsor:						
Organisation Name						
Postal Address	Street Address or PO Box Number					
	Suburb			Postcode		
Contact Person	Title		Given		Surname	
Position						
Telephone (BH)			Mobile Telephone			
E-mail						

Quick Criteria Check	
Does your project:	
<input type="checkbox"/>	Provide a direct benefit to the community within the Council area
<input type="checkbox"/>	Have a start and finish date for delivery
<input type="checkbox"/>	Have a project plan
<input type="checkbox"/>	Identify specific objectives and outcomes
<input type="checkbox"/>	Not duplicate an existing project, activity or service in your local community
<input type="checkbox"/>	Support and strengthen community groups/volunteers
<input type="checkbox"/>	Contribute to a sustainable environment
<input type="checkbox"/>	Encourage more resilient, healthy and active communities
Is your project:	
<input type="checkbox"/>	Located within the boundaries of the Bega Valley Shire Council area
Is your organisation:	
<input type="checkbox"/>	Legally constituted
<input type="checkbox"/>	Not-for-profit
<input type="checkbox"/>	Non-political
<input type="checkbox"/>	Non-advocacy

4c Project Details
Project Title
Project Overview
Location:
Start and End Date of Project:
What are the objectives of the Project?
What are the outcomes to be achieved?
Please detail your Project Plan
Project Risks
What risks and/or hazards are associated with the Project?
How will these be minimised and managed?

4c Financial Details

Which best describes the commercial activity of the Project:

Entry Fee Donation No Fee

What other assistance (financial or non-financial) has been sought for this activity? *(Detail source and amount)*

Funding Sought from Southern Phone Grant: \$

What will the funds be used for?

4d Project / Event Assessment**Ecological Sustainability**

Does your Project have a benefit to the Environment?

Yes No

If yes, please detail:

Economic Benefits

Does your Project meet a need and/or enhance the Bega Valley Shire's economy?

Yes No

If yes, please detail:

Will your Project bring visitors to and/or enhance a visitors experience in the Bega Valley Shire?

Yes No

If yes, please detail:

Community Participation

Provide details of community participation and the involvement of local people

What benefits will the Project have to the local community?

Infrastructure

Will your Project enhance facilities and/or infrastructure?

Yes No

If yes, please detail:

Expertise

Provide a brief statement outlining the relevant technical expertise and experience of the individuals participating in your project.

Acknowledgement

Provide details of how you will acknowledge Southern Phone Company and Council

Declaration

I declare the information provided in this Application and attachments is, to the best of my knowledge, true and correct. I understand any omission or false statement may result in the rejection of the application or withholding of any funds already approved.

I understand that BVSC or its agent, may check any of our statements for the purpose of assessing this application, and agree to provide any additional information requested.

I consent to the release of information in this application (excluding personal details) for non-commercial public information purposes.

I understand this is an application only and may not necessarily result in funding approval.

Signature of Representative	
Date	
Name of Representative	
Position	
Contact Details (Business Hours)	

If required:

Signature of Representative 2	
Date	
Name of Representative 2	
Position	
Contact Details (Business Hours)	