

### Eligibility

\* indicates a required field

Before completing this application, you should have read the 2025/26 City of Canada Bay Community Grant Guidelines available on our website: [Community Grants](#)

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

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 these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

It is recommended that you contact the City of Canada Bay to discuss your project and eligibility criteria prior to submitting an application Ph: 02 9911 6555 or Email: [events.grants@canadabay.nsw.gov.au](mailto:events.grants@canadabay.nsw.gov.au)

### Confirmation of Applicant / Organisation Eligibility

**You have read and understood the program guidelines \***

- ☐ Yes ☐ No

**You are able to demonstrate alignment between your event and the aims of this program \***

- ☐ Yes ☐ No

**Your organisation is not-for-profit or you have an incorporated not-for-profit group acting as auspice \***

- ☐ Yes ☐ No

**Your organisation is located in and/or supplies services to the City of Canada Bay. \***

- ☐ Yes ☐ No

**Your organisation is able to demonstrate financial viability \***

- ☐ Yes ☐ No

**Your organisation does not owe money to the City of Canada Bay \***

- ☐ Yes ☐ No

**If your event involves adults working with children, your organisation has all the correct and current working with children's checks \***

- ☐ Yes ☐ No

**You will select the event grant scale that supports feasible delivery of your event \***

- ☐ Yes ☐ No

# Event Grants 2025

## Form Preview

**You can provide copies of relevant licences and permits including venue/park bookings (if applicable) \***

☐ Yes ☐ No

**You will be able to provide an event risk assessment and other required documentation \***

☐ Yes ☐ No

**You can provide an itemised feasible and balanced budget that demonstrates event expenses are cost effective and value for money \***

☐ Yes ☐ No

(Quotes required for any items over \$1,000)

**You will include all funding requests in the grant application, including all requests for fee waivers such as venue hire and traffic control \***

☐ Yes ☐ No

(Council will not provide in-kind support for funded events outside the grant program)

## Public Liability Insurance

**Do you have (or are you able to obtain) public liability insurance for your project? \***

☐ Yes ☐ No

Public Liability Insurance can be provided by an auspice organisation

**If 'yes' upload a copy of your public liability insurance certificate.**

Attach a file:

Or provide written commitment to obtaining the require PLI insurance if event grant is awarded.

## Acquittal / Reporting of Previous Grants

**Has your organisation received previous grants from City of Canada Bay? \***

☐ Yes ☐ No ☐ Unsure

**If yes, have you completed acquittal requirements? \***

☐ Yes ☐ No ☐ Unsure

**Upload a copy of your most recent City of Canada Bay acquittal form**

Attach a file:

## Confirmation of Event Eligibility

**Does your event take place within the City of Canada Bay and primarily service residents of the area? \***

☐ Yes ☐ No

**Is your event a free community event or does it have a significant portion of the event that is free? \***

# Event Grants 2025

## Form Preview

☐ Yes

☐ No

**Will your event take place within the funding period? \***

☐ Yes

☐ No

(Retrospective, recurrent or ongoing funding will not be provided)

**Event promotion and advertising costs will not be more than 10% of the total grant \***

☐ Yes

☐ No

**Event catering costs will not be more than 10% of the total budget or \$300 (which ever is greater) \***

☐ Yes

☐ No

## Contact Details

\* indicates a required field

### Organisation Details

**Organisation Name \***

Organisation Name

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

**Organisation postal address**

Address

  

**Organisation primary phone number \***

Must be an Australian phone number.

**Organisation email address \***

Must be an email address.

**Organisation website**

Must be a URL.

**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.

# Event Grants 2025

## Form Preview

| Information from the Australian Business Register |                                  |
|---|----------------------------------|
| ABN   |                                  |
| Entity name                                       |                                  |
| ABN status  |                                  |
| Entity type                                       |                                  |
| Goods & Services Tax (GST)                        |                                  |
| DGR Endorsed                                      |                                  |
| ATO Charity Type                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |
| Main business location                            |                                  |

Must be an ABN.

**List your Incorporation Number or ACN if your organisation does not have an ABN.**

An incorporation number is provided by NSW Fair Trading. An Australian Company Number (ACN) is provided by the Australian Government Business Registration Service

**Please upload a copy of your Incorporation Certificate**

Attach a file:

### Applicant Contact Details

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

**Applicant Name \***

Title First Name Last Name

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

**Position held in organisation \***

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

**Applicant Phone Number \***

Must be an Australian phone number.

**Applicant Email \***

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

### Auspice Information

\* indicates a required field

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

☐ Yes ☐ No

An Auspice must be an incorporated not for profit organisation that manages the grant funding on behalf of a small unincorporated community group.

### 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 primary phone number \***

Must be an Australian phone number.

**Auspice email address \***

Must be an email address.

**Auspice website**

Must be a URL.

**Please attach a signed 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.

**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.

# Event Grants 2025

## Form Preview

| Information from the Australian Business Register |                                  |
|---|----------------------------------|
| ABN   |                                  |
| Entity name                                       |                                  |
| ABN status  |                                  |
| Entity type                                       |                                  |
| Goods & Services Tax (GST)                        |                                  |
| DGR Endorsed                                      |                                  |
| ATO Charity Type                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |
| Main business location                            |                                  |

Must be an ABN.

Payments can only be made to incorporated not-for-profit organisations. Payments must be made to the auspice organisation where an auspice arrangement is in place.

## Payment Details

\* indicates a required field

Payments can only be made to incorporated not-for-profit organisations. Payments must be made to the auspice organisation where an auspice arrangement is in place.

### Bank Account \*

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

**Please attach one supporting document that as proof of the above bank account details.**

Attach a file:

Any official documents can be attached: bank statements, proof of balance or any other official document your bank can provide. This information will be used to double-check the bank details: BSB, account number and account name for the grant's value deposit if the application is successful.

## Event Details

\* indicates a required field

## Application Support

# Event Grants 2025

## Form Preview

To support your application and help to answer the questions in this session, please refer to the below relevant City of Canada Bay plans:

- [Community Strategic Plan - Our Future 2036](#)
- [Our Creative City - Cultural Plan 2033](#)
- [Our City after 5: Evening Economy & Activation Plan](#)

### Event title \*

Word count:

Must be no more than 25 words.

Provide a name for your event. Your title should be short but descriptive

### Anticipated start date \*

Must be a date and no earlier than 1/7/2025.

### Anticipated end date \*

Must be a date and no later than 30/6/2026.

## Event Details

### Please provide description of your event. \*

What are you doing? (Who, What, Where, When, How, Why?)

### Which community groups does your event target? \*

- ☐ Children and families
- ☐ CALD (Culturally and Linguistically Diverse)
- ☐ First Nations People
- ☐ LGBTQIA+
- ☐ People with disability
- ☐ Seniors
- ☐ Youth
- ☐ Local Businesses
- ☐ Other:

### How do you plan to promote the event to your target group? \*

### Which suburbs of Canada Bay will the event benefit? \*

Please also specify if it affects suburbs outside Canada Bay's Local Government Area.

### How many attendees are you anticipating will be at your event?

# Event Grants 2025

## Form Preview

Must be a number.

**Which venue/location in Canada Bay will your event be held?**

### Outcomes

**How will your event benefit the community? \***

How the event will address specific issues or needs. Explain the activities or actions.

**How does this align and address identified needs in the City of Canada Bay? \***

Describe the activities or actions you plan to implement to address these needs. Explain how you will support the identified goals in Council's strategic plans.

**How will you measure the success of the program? \***

E.g., using people counters, feedback surveys, photos of the event(s)

### Capacity Building

**How will this event increase participation from the community and/or improve the capacity of the organisation?**

Evidence of community engagement and demonstrates how the organisation aims to attract sponsorship and funding from other sources, including for the implementation of future events

### Expertise

**Tell us about your organisations experience in event delivery \***

E.g., evidence of prior event management or ability to deliver the event

**Will you be collaborating with any other organisations or community groups? If yes, please tell us about the partnership \***

City of Canada Bay supports partnerships for grant funded projects.



# Event Grants 2025

## Form Preview

**Provide evidence of your ability to deliver the event in a safe and compliant way \***

E.g., has your organisation completed a risk assessments

## Project Budget

\* indicates a required field

For more information funding guidelines are available at [Community Grant Guidelines 2025](#)

**Which grant are you applying for?**

- ☐ Small Events (up to \$2,500)  
☐ Medium Events (up to \$7,500)  
☐ Major Events (up to \$15,000)

(matched contribution for Major Events)

**If your organisation is offered less than your requested grant amount, will you be able to proceed with your event? \***

☐ Yes ☐ No

**If you answered no to the question above, please explain why.**

**What is the total grant amount you are applying for? \***

\$

This amount is the grant total amount you are requesting

**What is the Total Cost of your event? \***

\$

This is the total cost of your entire event.

## Grant Expenditure Estimation: How do you plan to spend the City of Canada Bay grant?

Please describe in detail how the grant funding will be spent.

1. Describe the item/s or service (grant item)
2. Include the total cost of the item (item expense)
3. If your expense item is over \$1,000, attach quotes to support your application. This helps demonstrate to us that you have a well-considered budget. (quotes for item)

| 1. Grant Item   | 2. Item Expense                              | 3. Quotes for Item                     |
|---|--|--|
| e.g. 12 Coaching Sessions, 2 Workshops, 1 Info Session, 10 Soccer Balls, Tent Hire. | Whole dollar amount (no cents)<br>e.g. \$115 | Only applicable for items over \$1,000 |
|   | \$   |  |
|   | \$   |  |
|   | \$   |  |
|   | \$   |  |
|   | \$   |  |
|   | \$   |  |
|   | \$   |  |
|   | \$   |  |
|   | \$   |  |

# Event Grants 2025

## Form Preview

|  |    |  |
|--|----|--|
|  | \$ |  |
|--|----|--|

### Grant's Balance

#### Total City of Canada Bay Grant Amount Requested:

This number/amount is calculated.

#### Total Grant expenditure:

This number/amount is calculated.

#### Grant's Balance

This number/amount is calculated.

The Grant's Final Balance should be zero, showing the all funds given will be spent and there will be no funds left. Any unexpended funds must be returned to The City of Canada Bay.

### Other Income Contributions

If you have other financial income sources for your project, please list the amount and sources here. E.g other grants, sponsorships, fundraising etc. even if they are unconfirmed.

#### What other financial income support will you need in order to successfully carry out this project?

##### Other sources of income description

##### Amount

##### Confirmed?

|   |  |  |
|---|--|--|
| This can include other grants, sponsorships, fundraising donations etc. | (whole dollar)<br>Must be a dollar amount. |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

#### Other income (total)

# Event Grants 2025

## Form Preview

This number/amount is calculated.

### Other Contributions (Non-Financial)

This section is an estimation of any non-financial, or in-kind contributions. This includes things like volunteers donating time to assist or someone providing free hire of space to your organisation.

1. Describe the In-kind or non-financial contributions.
2. Estimate the dollar amount if you were to have paid for this service/donation.

| 1. In-kind/non-financial contribution  | Estimated Contribution |
|--|------------------------|
| e.g Bill's Butcher has donated 50 Sausages, 2 Volunteers donating time to cook on BBQ. | Whole dollar Amount    |
|  |                        |
|  |                        |
|  |                        |
|  |                        |
|  |                        |
|  |                        |
|  |                        |
|  |                        |

### Other contributions amount (total)

This number/amount is calculated.

### Other Expenditure (Not using grant amount)

In this section, please include any other project expenses.

This will assist you to demonstrate to the grant assessors that you have a well-planned project budget taking into account all expenses.

1. List all other anticipated expenditures for this project.
2. Add the amount of each expenditure.

.

| 1. Other Expense                          | 2. Amount                          |
|---|------------------------------------|
| Please include as much detail as possible | Please use numbers only. e.g \$100 |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |
|   |                                    |

### Other expenditures amount (total)

This number/amount is calculated.

### Venue/Facility Booking Request

#### Are you requesting the use of a City of Canada Bay venue/facility as part of your application? \*

- ☐ Yes  
☐ No

### Venue/Facility Booking Request

\* indicates a required field

#### Fee waiver for City of Canada Bay Venues

As you replied "Yes" to the previous question you will need to complete a venue booking request.

Use the link below to proceed to the booking portal.

Read terms and conditions for booking your preferred venue.

A virtual tour is available on our website along with the booking terms and conditions.

<https://www.canadabay.nsw.gov.au/community/facilities-and-venues/venues-for-hire>

For further information:

- Booking a Council venue, contact the Venues Team on Ph: 9121 0277 or email [venues@canadabay.nsw.gov.au](mailto:venues@canadabay.nsw.gov.au)
- Booking an outdoor recreation space, for example a park or sportsfield, email: [openspacebookings@canadabay.nsw.gov.au](mailto:openspacebookings@canadabay.nsw.gov.au)

#### Note on your form that you are applying for a City of Canada Bay grant.

Please note this does not guarantee your booking.

#### Please advise which facility / venue you are requesting a fee waiver for?

Please include the dates, times and frequency for this request.

#### Attach a confirmation of you booking request \*

Attach a file:

### Declaration and Privacy Statement

\* indicates a required field

#### Declaration and Privacy Statement

# Event Grants 2025

## Form Preview

### Declaration and undertaking by the applicant and organisation:

I, the person making this application, declare that I am authorised by my organisation/group to complete this form, and I agree that:

- I have read and understood the ["2025/26 City of Canada Bay Community Grant Guidelines"](#).
- To the best of my knowledge, I certify that the statements made in this application are true.
- I understand that if the Council approves a grant, I will be required to accept the conditions of the grant according to the terms and conditions outlined in the grant application, guidelines and funding agreement.
- The project will be covered by appropriate insurance.
- All relevant health and safety standards will be met, including complying with working with children check regulations where a project involves adults working with children.
- The City of Canada Bay does not accept any liability or responsibility for the project.

If successful, the organisation will:

- Submit a signed grant funding agreement
- Complete the venue/facility booking process for any activity that occurs at a City of Canada Bay-owned space.
- Seek written approval from the City of Canada Bay before making variations or changes to the agreed project.
- Acknowledge the City of Canada Bay's assistance in any advertising material relating to the project.
- Return unexpended funds to The City of Canada Bay.

### Privacy Statement

The City of Canada Bay is committed to protecting your privacy and ensuring that all information provided in and arising from this Grant Application be kept confidential.

If the application is successful, the project summary, name of the applying organisation and amount funded will be made public.

### I declare I have read the above and understood the declaration and privacy statement \*

☐ Yes

### Name \*

Title      First Name      Last Name

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

### Position Held \*

|  |
|--|
|  |
|--|

### Date of Declaration \*

|  |
|--|
|  |
|--|

Must be a date.

### Review and Submit

# Event Grants 2025

## Form Preview

When you have completed the last page of the application form you can click **Review and Submit** in the navigation panel. This will allow you to Review the full application before confirming you would like to Submit it.

If you have any questions, please contact City of Canada Bay Grants Team on Ph: 9911 6555.

Additionally, a Help Guide for applicants can be found on this link:

<https://applicanthelp.smartygrants.com.au/help-guide-for-applicants/>

And an Applicant's FAQs can be found on this link:

<https://applicanthelp.smartygrants.com.au/applicant-faq's/>