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

Confirmation of Applicant / Organisation Eligibility

You have read and understood the prog Yes	ram guidelines * O 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 demonstrat ○ Yes	e financial viability * O No	
Your organisation does not owe money of Yes	to the City of Canada Bay * O 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 that is free? *

You can provide copies of relevant licen bookings (if applicable) *	ces and permits including venue/park
○ Yes	○ No
You will be able to provide an event risk documentation * ○ Yes	assessment and other required
You can provide an itemised feasible an event expenses are cost effective and voo Yes (Quotes required for any items over \$1,000)	
You will include all funding requests in trequests for fee waivers such as venue O Yes (Council will not provide in-kind support for funded)	hire and traffic control * O No
Public Liability Insurance	
Do you have (or are you able to obtain)	public liability insurance for your project?
O Yes Public Liability Insurance can be provided by an ac	○ No uspice organisation
If 'yes' upload a copy of your public liab Attach a file:	ility insurance certificate.
Or provide written commitment to obtaining the re	equire PLI insurance if event grant is awarded.
Acquittal / Reporting of Previous G	rants
Has your organisation received previous ○ Yes ○ No	grants from City of Canada Bay? * O Unsure
If yes, have you completed acquittal rec ○ Yes ○ No	uirements? * O Unsure
Upload a copy of your most recent City Attach a file:	of Canada Bay acquittal form
Confirmation of Event Eligibility	
Does your event take place within the Cresidents of the area? * ○ Yes	ity of Canada Bay and primarily service

Is your event a free community event or does it have a significant portion of the

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

Information	on from the Australia	an Business Register		
ABN				
Entity nar	me			
ABN statu	IS			
Entity typ	e			
Goods & S	Services Tax (GST)			
DGR Endo	orsed			
ATO Char	ity Type	More inform	<u>ation</u>	
ACNC Reg	gistration			
Tax Conc	essions			
Main busi	ness location			
Must be a	n ABN.			
List vou	r Incorporation I	Number or ACN i	f vour organisation o	does not have an ABN.
			,	
			Trading. An Australian Co	mpany Number (ACN) is
provided k	by the Australian Go	vernment Business I	Registration Service	
Please u	ipload a copy of	your Incorporat	on Certificate	
Attach a	file:			
۸ا:	nt Contact Do	+-:I-		
Applica	int Contact De	etaiis		
This is th	e person we will co	orrespond with ab	out this grant.	
	•	·	J	
Applicar Title	nt Name * First Name	Last Name		
Title	i ii se ivaiii e	Last Name		
Position	held in organisa	ation *		
e.g., Mana	iger, Director or Fun	draising Coordinator		
Annlicar	nt Phone Numbe	r *		
Applical	it i none itambe	-		
Must be a	n Australian phone n	iumber.		
Applicar	nt Email *			
This is the	addraga wa will wa	to correspond with	vou about this grant	
inis is the	audress 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? * O Yes O 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
Augnice naime and nhone number *
Auspice primary phone number *
Must be an Australian phone number.
Auspice email address *
Must be an email address.
Auspice website
Must be a UDI
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.

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.

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 Aus	stralian 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

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	pe short but descriptive	
Anticipated start date *	Anticipated end date *	
Must be a date and no earlier than 1/7/2025.	Must be a date and no later than 30/6/2026.	
Event Details		
Please provide description of your ever	nt. *	
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)		
☐ Children and families☐ CALD (Culturally and Linguistically Diversity)	_	
 □ Children and families □ CALD (Culturally and Linguistically Diversing First Nations People □ LGBTQIA+ □ People with disability □ Seniors □ Youth □ Local Businesses 	_	
 □ Children and families □ CALD (Culturally and Linguistically Diversions) □ First Nations People □ LGBTQIA+ □ People with disability □ Seniors □ Youth 	_	
 □ Children and families □ CALD (Culturally and Linguistically Diversing First Nations People □ LGBTQIA+ □ People with disability □ Seniors □ Youth □ Local Businesses 	se)	
 □ Children and families □ CALD (Culturally and Linguistically Diversity □ First Nations People □ LGBTQIA+ □ People with disability □ Seniors □ Youth □ Local Businesses □ Other: 	to your target group? *	

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

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.

Provide evidence of your ability to delive	er the event in a safe and compliant way *
E.g., has your organisation completed a risk assess	sments
Project Budget	
* indicates a required field	
For more information funding guidelines are a	vailable 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
What is the total grant amount you are applying for? *	If you answered no to the question above, please explain why.
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) e.g. \$115	Only applicable for items over \$1,000
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Other income (total)

	\$	
Grant's Balance		
Total City of Canada Bay C	Grant Amount Requested:	
This number/amount is calculate	ed.	
Total Grant expenditure:		
This number/amount is calculate	ed.	
Grant's Balance		
		ven will be spent and there will be no Canada Bay.
Other Income Contribu	utions	
	come sources for your project,	
What other financial incor	s, sponsorsnips, fundraising e ne support will you need ir	tc. even if they are unconfirmed.
out this project?		i order to successially carry
		order to successiony carry
Other sources of income description	Amount	Confirmed?
Other sources of income description This can include other grants, sponsorships, fundraising donations etc.	Amount (whole dollar) Must be a dollar amount.	
description This can include other grants, sponsorships, fundraising	(whole dollar)	
description This can include other grants, sponsorships, fundraising	(whole dollar)	
description This can include other grants, sponsorships, fundraising	(whole dollar)	
description This can include other grants, sponsorships, fundraising	(whole dollar)	
description This can include other grants, sponsorships, fundraising	(whole dollar)	
description This can include other grants, sponsorships, fundraising	(whole dollar)	
description This can include other grants, sponsorships, fundraising	(whole dollar)	
description This can include other grants, sponsorships, fundraising	(whole dollar)	

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
	The state of the s

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 Booking an outdoor recreation space, for example a park or sportsfield, email: 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

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 <u>"2025/26 City of Canada Bay Community Grant</u> 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

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/