

## 2023/2024

## Application – Sister Cities and Friendly Relationships Program (Under Section 356 of NSW Local Government Act 1993)

LAST UPDATED 13 FEBRUARY 2024

Date:		
PART A – GRANT AMOUNT REQUESTED		
Grant funds sought from Council: \$		(GST Exclusive)
(NOTE: 25% co-contribution required for applications for	or a grant amo	ount of over \$5,000)
PART B – ORGANISATION DETAILS		
Name of Organisation:		
Address:		
Postal Address:		
Contact Person: Position:	:	
Telephone: Mobile:		
Email:		
ABN (If applicable):		
Registered for GST?	☐ Yes	□ No
Is this organisation:		
• A not for profit?	☐ Yes	□No
Based in the Gunnedah Shire?	☐ Yes	□ No
A registered Charity?	☐ Yes	□ No
A registered Co-Operative?	□ Yes	□No
• Incorporated under the Associations Incorporations Act 1984?	☐ Yes	□ No
If not Incorporated, please nominate Auspice Organisation below:		

CLOSING DATE: FRIDAY 22 MARCH 2024 - 5.00PM

Gunnedah Shire Council
PO Box 63
GUNNEDAH NSW 2380
council@infogunnedah.com.au

For further enquiries please phone 02 6740 2100



PART B (Continued) – C	DRGANISATION	DETAILS					
What is your organisation	's mission?						
Do you employ staff?	□ Yes	□No	If yes, how	many?			
Do you have volunteers?	☐ Yes	□No	If yes, how	many?			
PART C – PROJECT DET	AILS						
How does your project a Guidelines?	ddress the crite	ria contained i	n the Sister	Cities and F	Friendly R	elationships	Program
NOTE - the project you are	e seeking funds t	for must addre	ss at least or	ne of the Crit	eria.		
Please provide a summar (150 words or less).	y of the project	to be funded l	oy the Sister	Cities and I	Friendly R	elationships	Program
Are you requesting funds	for:						
A new innovative program	nme/initiative/e	quipment?		□ Yes		□No	
One off funding for existing	ng programme/ii	nitiative/equip	ment?	□ Yes		□No	



How will the Grant be spent?
How will the organisation and residents of the Gunnedah Shire benefit from the project?
Has an application been made to other levels of Government for funding for this project? $\Box$ Yes $\Box$ No
If <b>Yes</b> , to which Departments, and was the application successful?
If <b>No</b> to the above, why not?



## **PART D – PROJECT BUDGET**

(Please outline in the table below the total project cost, and income, including how you propose to spend the grant funds requested from Council)

Expenditure	
Item (Please list each individual item, if applicable) – If Council is unable to fund the entire amount sought, an itemised list may assist with partial funding decisions.	Amount (GST Excl)
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Sub Total	\$
GST Amount	\$
TOTAL EXPENDITURE	\$

Income	
Source	Amount (GST Excl)
Grant funds requested from Council:	\$
Applicant co-contribution: (must be at least 25% for grants of more than \$5,000)	\$
Fundraising:	\$
Other Funding Sources (please list):	\$
	\$
Sub Total	\$
GST Amount	\$
TOTAL INCOME	\$

Please note: Income and Expenditure tables should balance

If successful it is expected that Council's contribution is acknowledged in your annual financial statement and publicity material



Given the round is highly competitive, funding for entire projects may not always be possible. If your application is successful, but only certain items are approved under the Grant, will your organisation still go ahead with the project? $\square$ Yes $\square$ No						
If <b>No</b> , why	If <b>No</b> , why not?					
		the past two (2) year	s, provided your o	rganisation with a	financial assistance	grant?
□ Yes	□ No					
If <b>Yes</b> , pleas	se compl	lete the below table				
AMOUNT	YEAR	WHAT WAS THE NAME OF GRANT	WHAT WAS THE GRANT FOR?	WAS THE PROJECT COMPLETED? (Y/N)	WERE ALL FUNDS EXPENDED IN ACCORDANCE WITH GRANT GUIDELINES? (Y/N)	INVOICES/ EXPENDITURE DECLARATION SUBMITTED TO COUNCIL? (Y/N)
\$						
\$						
\$						
\$						
\$						
expend 2. The mo 3. The Cha	of your iture incl st recent air and Tr	most recent audite luding funds from all t Annual Report; or reasurer's reports fro	sources; or m your last Annua	l General Meeting	· ;	ng income and
4. A copy of recent quotes as evidence to support your application. (required)  If you are not able to supply any of the above please attach a note explaining the reasons.						
(Please note at <u>least one quote is required for all equipment applications</u> )						
Name:						
Position:						
Signature: .				Date	:	



## Declaration of Expenditure for 2023/2024 under the Sister Cities and Friendly Relationships Program

(Submit only on completion of the project)

Date:
DETAILS OF APPLICANT ORGANISATION
Organisation Name:
Postal Address:
Email Address:
Contact Person: Position:
Telephone: Mobile:
ACCOUNTABILITY REQUIREMENTS
At the conclusion of the Project complete this declaration (provided by Council) certifying that the grant was spent on the purpose(s) for which it was granted.
DECLARATION
I (please print name)
Name:
Position:
Signature: Date:
Eric Groth  GENERAL MANAGER GUNNEDAH SHIRE COUNCIL