

# Community Assistance Grants 2025/2026 Application Form

## Form Preview

### Eligibility

\* indicates a required field

#### Applicants: please note

Before completing this application form, please ensure you have read Council's [Financial Assistance to Community Groups Policy](#) and [Community Assistance Grants - Guidelines and Information for Applicants](#).

A number of documents are required to be submitted with this application. Please ensure that you attach all required documents.

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's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions about the eligibility criteria, please contact **Susan Heyne, Manager Community Services on 9911 3592 or email [sheyne@lanecove.nsw.gov.au](mailto:sheyne@lanecove.nsw.gov.au)**

#### Confirmation of Eligibility

##### I confirm that the applicant ...

- has read and understands the program policy and guidelines
- is able to demonstrate alignment between their project and the aims of Lane Cove Council's plans
- is a not-for-profit organisation
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- has an Australian Business Number (ABN) or the auspicings organisation has an ABN
- is located in and/or supplies services to **the Lane Cove Local Government Area**
- is able to demonstrate financial viability
- does not owe any reports or money to **Lane Cove Council** as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- understands that receiving a grant in a previous funding rounds does not mean funding will be provided in this year's funding round or that an equivalent amount will be received
- understands Council does not provide funds for operational or administration costs, refreshments, salaries, or insurance

**Please select below: \***

Yes

No

You must confirm that all statements above are true and correct.

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### Contact Details

\* indicates a required field

### Privacy Notice

Council is committed to protecting your personal information and will manage your submission in accordance with our [Privacy Statement](#). Please note, unless contrary to the public interest, any submission received may be made available to the public in accordance with the *Government Information (Public Access) Act 2009 (NSW)* subject to the removal of personal contact information, personal financial or commercial information and health and medical information.

### Applicant Organisation Details

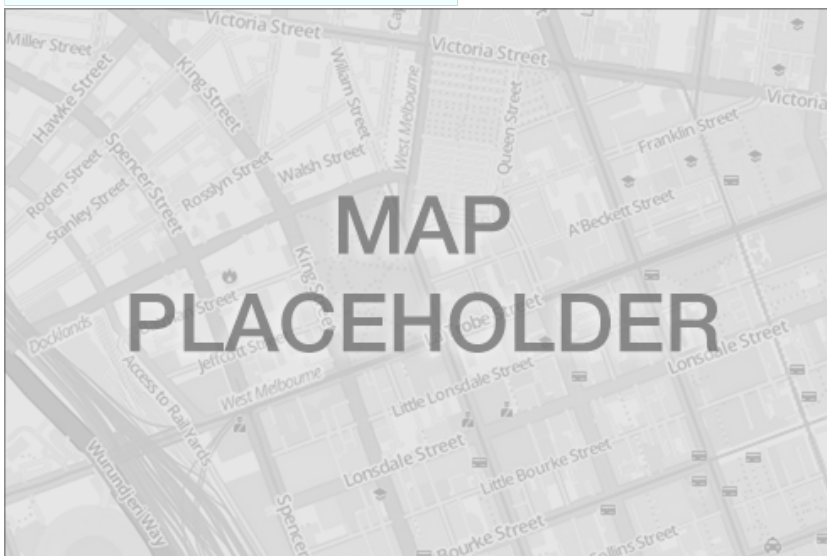
#### Applicant organisation name \*

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.

#### Applicant Primary Address

Address

#### Applicant Postal Address

Address

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### Applicant website

Must be a URL

### Primary contact person \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person we will correspond with about this grant

### Position held in organisation \*

e.g. Manager, Board Member, Fundraising Coordinator

### Primary phone number \*

Must be an Australian phone number.

For land lines include area code e.g. (02) XXXX XXXX. For mobile numbers no area or country code required e.g. 04XX XXX XXX

### Back-up phone number

Must be an Australian phone number.

### Primary contact person's email address \*

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

## Organisation Details

\* indicates a required field

### What is your organisation's purpose or mission?

Word count:

Must be no more than 200 words.

Describe your organisation and what it does.

### Does your organisation have an ABN? \*

Yes       No

Only organisations with an ABN may apply for funding

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### 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

### What type of not-for-profit organisation are you? \*

- Arts/Music/Cultural group
- Children/Youth/Families Service
- Seniors and/or Disability Service
- Sports club
- Educational institution (includes pre-schools and schools)
- Healthcare not-for-profit
- General Community Organisation (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

### What is your organisation's annual revenue?

- Less than \$50,000
- \$50,000 or more, but less than \$250,000
- \$250,000 or more, but less than \$1 million
- \$1 million or more, but less than \$10 million

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here:

<https://www.acnc.gov.au/tools/topic-guides/revenue>

### What is your organisation's legal structure? \*

- Unincorporated association
- Incorporated association
- Cooperative
- Company limited by guarantee
- Indigenous corporation, association or cooperative
- Organisation established through specific legislation
- Trust

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Unknown

If your organisation is unincorporated it must have an auspice organisation

**What was the date of the election of your organisation's current executive/  
governing body? \***

Must be a date.

**Please list the name and position held of all current members of the  
organisation's governing body.**

A governing body is the committee that has overall responsibility for the governance of the organisation. Governing bodies are often called the board, management committee, or executive committee.

Name of governing body member	Position held

**How many members does your organisation have?**

Must be a number.

**What percentage of your members reside in the Lane Cove LGA?**

Must be a number.

**How many individuals use your organisation? \***

Must be a number.

**What percentage of your service users/participants reside in the Lane Cove LGA?**

Must be a number.

**Does your organisation use paid staff?**

Yes  No

**Does your organisation use volunteers?**

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Yes  No

**If your organisation does use volunteers, how many volunteers does your organisation have?**

Must be a number.

**Does your organisation receive any other form of assistance from Lane Cove Council? \***

- Free or subsidised rent/accommodation
- Building maintenance
- Utilities (water/electricity) paid
- Concessional room hire rates
- Rates subsidy or exemption
- Other:

Choose as many that apply

**Does your organisation hold current public liability insurance of at least \$10 million? \***

Yes  No

A current certificate of currency is required to be submitted with your application

## Auspice Information

\* indicates a required field

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

Yes  No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

## Auspice Organisation Details

**Name of auspicing organisation \***

Organisation Name

**Auspicing organisation's website**

**Primary contact person at auspicing organisation \***

Title      First Name      Last Name

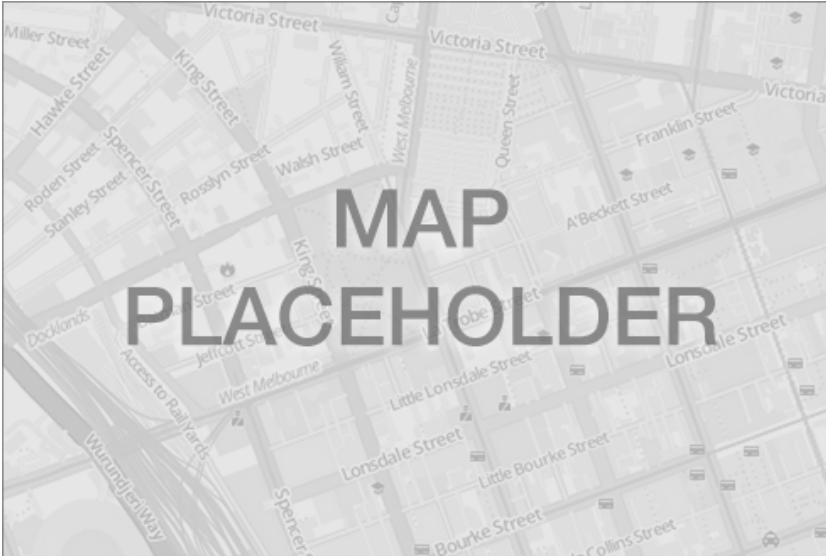
<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Auspice Primary Address

Address

### Auspice Postal Address

Address

### Position held in organisation

e.g. Manager, CEO

### Contact person's primary phone number \*

### Contact person's back-up phone number

### Contact person's email address \*

Must be an email address

### Please attach a letter from the auspicing organisation confirming this arrangement is valid and current \*

Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

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**Does the auspicing organisation have an Australian Business Number (ABN)? \***

Yes  No

Only organisations with an ABN may apply for funding.

### ABN of auspicing organisation

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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

Only organisations with an ABN are eligible to apply for funding. If the auspicing organisation does not have an ABN, the project is ineligible for funding.

## Project Details

\* indicates a required field

**Project title: \***

Provide a name for your project/program/initiative. Your title should be short but descriptive

**Anticipated start date \***

**Anticipated end date \***

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

**Please provide a short summary of your proposed project including the benefits to the Lane Cove community \***



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**Word count:**

Must be no more than 300 words.

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

**Approximately how many residents of the Lane Cove Local Government Area will directly benefit from this project?**

**What is the primary area of focus for this project? \***

**Target groups: Which of the following groups of people is your project targeted towards? \***

- Aboriginal and Torres Strait Islander people
- Carers
- Children and/or their families
- LGBTQIA+ Community
- Men
- People from culturally and linguistically diverse communities
- People over 55
- People with disability
- People with mental health concerns
- Refugees
- Women
- Young people (11 - 25)
- General public
- Other:

Choose as many that apply

**How was your project identified?** Please demonstrate how your project relates to Council plans by identifying an existing objective in one of Council's plans. Plans can be accessed through Council's [Plans and Publications](#).

You must relate your project to at least one plan's objectives but no more than three.

Name of plan	Objective	How your project relates to this objective
	Must be a number.	Must be no more than 150 words.

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**How will your project be inclusive and welcoming for people with disability, people from culturally diverse backgrounds, and vulnerable or emerging communities? \***

Word count:  
Must be no more than 200 words.

**What outputs are you expecting to produce through this initiative?**

Outputs are the immediate, obvious, and countable changes a project/program generates. Examples include the number of people expected to participate in a program, the number of volunteers to be engaged, the number of classes to be held, the number people expected to attend a training course, the number of trees to be planted.

List your initiative's intended outputs, including approximate numbers, in the following table. Leave blank any fields that do not apply to your initiative.

Number	Who or What	Service / Product / Activity	Timeframe
(Approximate, or leave blank if unknown)	e.g. clients; participants; members; parents; trainees	e.g. trained in first aid; provided with life vest; attend workshop	e.g. over life of program; per annum; per month

**Projects involving working with children must submit a statutory declaration confirming that the organisation complies with all requirements to keep children and young people safe as set out by the NSW Office of the Children's Guardian.**

**Does the project involve working with children? \***

Yes  No

## Funding and Budget

\* indicates a required field

**Total cost of project \***

\$

What is the total cost of this project?

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**Total Council funding sought \***

What is the total amount of funding you are requesting from Council? ?

### Project budget

Please identify and list expenditure items, their cost and the amount to be paid by the organisation and/or by the Council grant.

Expenditure Description	Expenditure Amount (\$)	Organisation's contribution	Council Grant contribution	Notes
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
		Must be a dollar amount.	Must be a dollar amount.	

**In-kind contributions - please list any non-financial contributions being made to the project**      **Confirmed?**

Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

### Applicant Capacity

**Now that we know about your project/program, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application.**

Word count:

Must be no more than 200 words.

Include in this section information about your strategies for providing the inputs (money, staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

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**Please provide a link to, or attach a copy of, your most recent Annual Report.**

If you do not produce an annual report, please provide a copy of the minutes of the most recent annual general meeting (AGM). If your organisation is auspiced by another organisation, please provide a copy or link to the auspicing organisation's annual report or AGM minutes

### Upload files

Attach a file:

or

### Provide web link:

Must be a URL

As part of the application the following documents must be submitted:

- Organisation's constitution
- Most recent annual financial statement as presented to the members at the annual general meeting (including Balance Sheet, Profit and Loss Statement, Statement of Financial Performance / Statement of Financial Position).
- Certificate of currency for public liability insurance of at least \$10 million
- Statutory declaration stating compliance to the requirements outlined by the Office of the Children's Guardian (if applicable to your project)

### Please attach a copy of each document

#### Upload files

Attach a file:

## Certification and Feedback

\* indicates a required field

### Certification

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 certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

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**I agree \***

Yes

No

**Name of authorised person \***

Title

First Name

Last Name

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

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

Must be an Australian phone number.

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

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

## Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**Please indicate how you found the online application process:**

Very easy

Easy

Neutral

Difficult

Very difficult

**How many minutes in total did it take you to complete this application? \***

Estimate in minutes i.e. 1 hour = 60

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**