

Instructions for Grant Applicants

Applications will be accepted throughout the year for Community Chest Donations of up to \$1,000. Community Chest Donations are small 'one off' payments to assist organisations within the Council area with costs associated with community development initiatives such as; small community events and projects that will have benefits to the surrounding community.

To apply please submit an application in writing clearly outlining the following:

- The particulars of your community development initiative
- The amount you are requesting and the total cost of the program
- Your own contribution (financial and in-kind)
- Expected outcomes of your program or project
- How you will acknowledge Council's contribution

Applications will be received throughout the year, but are subject to budgetary limitations.

Applications will only be accepted if the activity or initiative is to occur within the City of Holdfast Bay.

Applicant Details

* indicates a required field

Applicant *

Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant 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)

Community Chest 2023/2024 Form Preview

DGR Endorsed

ATO Charity Type

[More information](#)

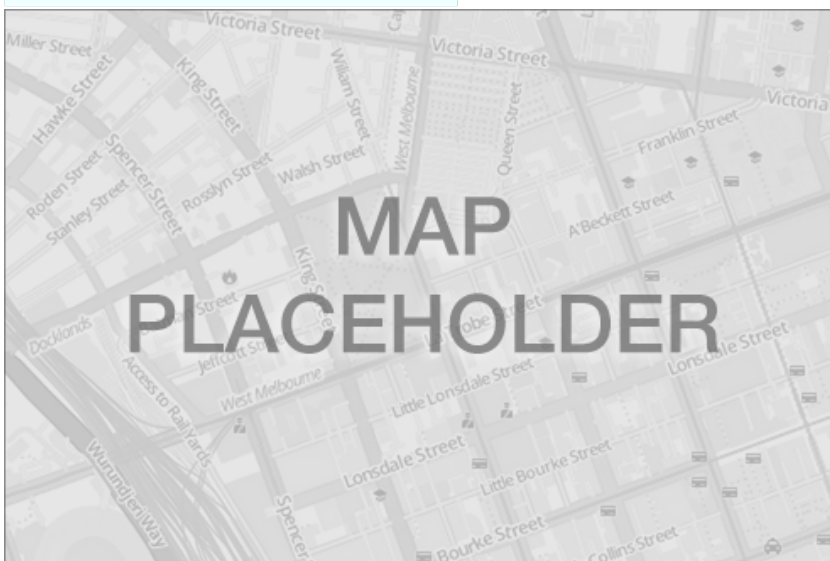
ACNC Registration

Tax Concessions

Main business location

Applicant Primary Address

Address



Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Applicant Postal Address

Address

Admin Contact Details

Admin Contact *

Title

First Name

Last Name

Community Chest 2023/2024

Form Preview

Admin Contact Position

Admin Contact Primary Address

Address

Admin Primary Phone Number *

Must be an Australian phone number.

Admin Contact Primary Email *

Must be an email address.

Project Details

* indicates a required field

Project Details

Project Name *

Short project description *

Word count:

Please provide a short description (between 10 to 200 words) of your project - what are you out to do?

What are the primary areas of focus for this project/program?

You may select up to five items. You can select items from any area of the list - all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

Who are the expected primary beneficiaries of this project/program?

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, Universal - no particularly targeted beneficiaries

Community Chest 2023/2024

Form Preview

Start Date *

Must be a date.

End Date *

Must be a date.

How has the need for your project been established? *

Word count:

Describe the specific issue or need you want to address (maximum 200 words)

What are the expected outcomes of the project? *

Word count:

Describe three things you want the project to achieve in terms of benefits for participants and/or others (maximum 200 words)

How will you acknowledge Council's contribution? *

Word count:

List how you will acknowledge Council's contributed funding (maximum 200 words)

Total Amount Requested *

a dollar amount and no more than 1000

What is the total financial support you are requesting in this application?

Project Budget

Council Contribution \$

**Organisation/
Individual
Contribution**

\$

	\$		\$

Budget Totals

Community Chest 2023/2024

Form Preview

Total Council contribution *

\$

This number/amount is calculated.

Total Organisation/indiv contribution *

\$

This number/amount is calculated.

Total projects costs *

\$

This number/amount is calculated.

EFT Transfer Details

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Applicant Declaration

* indicates a required field

I certify that all of the information provided in the application is true and correct

*

Certify

Date of certification *

Must be a date.

Today's date

Name of certifying officer/individual

Your name