

Quick Response Grant Program Application form

Form Preview

Eligibility

* indicates a required field

Program

This field is read only.

Applicants: please note

Before completing this application form, please read the [Quick Response Grant guidelines](#).

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is 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 in regards to these eligibility criteria, please contact the Clarence City Council grants team on 03 6217 9773 or via email at grants@ccc.tas.gov.au.

If you do contact us throughout the application process, please quote the application number below:

Application Number

This field is read only.

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the program guidelines
- is able to demonstrate clear community benefit to the residents of Clarence and alignment between their project and council's adopted key strategies
- understands that applications are limited to one per financial year
- understands that the activity must not lead to a conflict with council's legislative obligations, including competitive neutrality, and must not expose council to any unreasonable financial, legal, reputational or other risks
- understands that Clarence City Council does not accept any liability or responsibility for the proposal in this application, and that it is the responsibility of the applicant to provide the appropriate insurance cover
- agrees that if successful, funds will be used only for the project described on this application
- consents to the release of project information in the application for promotional and evaluation purposes relevant to Clarence City Council
- will seek permission from our group before submitting photographs for use by Clarence City Council

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- is an eligible organisation (not-for-profit organisation, community or resident group, registered charity organisation, and/or association) or is a Clarence resident aged 21 and under (Youth Assistance)
 - understands that a Parent/Guardian's signature is required for applications where the applicant is under 18 years of age
 - is located in Clarence and/or can demonstrate that events/activities/projects will have outcomes in Clarence, and be of benefit to the Clarence community
 - does not owe any reports or money to **Clarence City Council** as a result of previous funding or grants
 - has attached a copy of my letter confirming my selection/participation (Youth Assistance)
 -
- Is not:
- a) a government agency or department of Local Government;
 - b) State or Federal levels of Government;
 - c) an organisation with gaming machines;
 - d) a political party or an organisation whose core purpose is political lobbying, including the lobbying of councillors;
 - e) a current council employee and/or councillor (this does not preclude irregular casual council employees whose work does not conflict with the grant activity or committees or organisations that councillors or staff participate on. All applications which involve council employees or councillors in any capacity must be declared as part of the grant application and will be subject to an eligibility conflict assessment by Council).

I agree with the above statement *

Yes No

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

Category of Applicant/Legal Structure *

- Individual resident of Clarence (Youth Assistance)
- Not-for-profit organisation
- Registered charity organisation
- Sporting club
- Incorporated association
- Other:

Evidence of Eligibility

This section is applicable only to Individuals (Youth Assistance) applicants.

You must provide evidence of eligibility, such as:

- Verify that you are 21 years of age or under
- that you are a Clarence resident
- that you attach a letter of confirmation from team/sporting club verifying your selection
- If aged 18 years or under, you have a Parent/Guardian to authorise your application.

Please upload your Letter of Confirmation/Selection below: *

Attach a file:

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Conflict of Interest Declaration

Conflict declaration:

Please outline any potential conflict you have with council. This includes but is not limited to:

- the applicant being an employee or councillor;
- if the applicant is an irregular employee of council (an employee of council on a casual basis without consistent hours and whose work does not relate to the grant activity)
- In the case of an organisation, if any members of the organisation are council employees or councillors and if so, any steps that have been taken to mitigate a conflict.

Please outline any potential conflict here *

If there are no perceived or potential conflicts, please state this.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

The personal information on this form is required by council for the General Grants Program. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access or amend your personal information at any time. How we use this information is explained in our Privacy Policy which is available [here](#).

Grant Request Details

What category of Quick Response Grant are you apply for?

- General - Event/Project/Activity
 Youth Assistance

Applicant Details

Applicant Name

Individual Organisation

Organisation Name

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First Name

Last Name

Applicant Address

Address

Position

Position in Club/Organisation (for Individuals, just state Team Member, and for Clubs applying, please state your position)

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Primary Contact Details - Parent/Guardian Contact Details

Is the Applicant under 18 years of age? *

- Yes
 No

Please provide Parent/Guardian Contact details below if you answered Yes above.

Name

First Name

Last Name

Parent/Guardian Name

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Address

Address

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Primary Contact Details

This section is for the contact details of organisations/groups applying to the General - Events/Projects/Activity stream.

Please list the primary contact person who we will be corresponding with in relation to the grant.

Primary contact *

First Name

Last Name

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

Position held in organisation *

e.g., Manager, Secretary, Treasurer, Board Member or Fundraising Coordinator.

Primary contact primary phone number *

Must be an Australian phone number.

Primary contact office phone number

Must be an Australian phone number.

Primary Address

Address

Primary contact email address *

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

Project Details

* indicates a required field

Title of Project/Activity: *

Provide a name for your project/program/initiative. Your title should be short but descriptive. If the request is for Youth Assistance, please include the name of the Championships/competition/forum

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Where is the activity taking place? *

For Youth Assistance, please provide the city/country the event is taking place.

Details of the event/activity for which support is requested *

Details of community benefit provided by the event or activity for which the grant is sought: *

Has this event/activity been held previously and if so, please provide brief details

Please identify which council strategy this request aligns to *

- Active Living Strategy
- City Future Strategy
- Community Infrastructure Strategy
- Community Wellbeing Strategy
- Cultural Creative Strategy
- Digital Strategy

You can choose more than one if there is alignment across strategies

Funding request

Value of support requested (\$) *

Must be a dollar amount.

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

Type of support requested *

- Monetary
- In-kind
- Reduction or waiver of fees

How will you use/spend the money? *

What will council funds be used towards?

Is this activity/program/event funded in any capacity by another grant? *

- Yes
- No

Please declare if you have received any other funding towards your project/activity

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Has the organisation/group/Individual previously received grant or sponsorship support from council? *

- Yes
 No

Previous funding

You answered Yes to "Is the activity funded in any capacity by another grant" so please outline below how this grant maximises community benefit.

How does this grant waiver maximise the dollars spent and community benefit: *

Previous funding

You answered Yes to "Has the organisation/group/Individual previously received grant or sponsorship support from council. Please tell us the year you received funding from council, and the amount received.

Year received *

Amount received *

Bank Details

Details for Payment of Grant if approved

Name of Bank

Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Project Start and End Dates

Anticipated start date *

Anticipated end date *

For Individuals: Please provide the travel start and end dates. For organisations/groups please provide your anticipated start and end dates. If unknown, provide your best guess

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Acknowledging council's support

If successful, how do you plan to acknowledge council's support? *

- Letter of thanks to councillors
- Invite councillors to relevant event
- Acknowledgement at event/activity
- Provide photos to council
- Acknowledgement in the media
- Other (please specify)

Project Key Personnel

If you are applying on behalf of a team with multiple members, please list all applicants here, and provide letters of support from parent/guardians if the members are under 18 years of age.

If this section is not applicable, please skip to the next question.

Individual - Full Name	Address	Name of Parent/Guardian	Amount requested (\$)	Please Upload Proof of Parent/Guardian consent
		Please state Parent/Guardian's Name	Must be a dollar amount.	Email attachment or letter is fine

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation or a Parent/Guardian if the Applicant is under 18 years of age.

Declaration:

- I am a resident of Clarence (for individual applicants) or our group will benefit Clarence (for group applicants);
- I certify to the best of my knowledge that the information given on this form is true and correct;
- I have attached a copy of my letter confirming my selection/participation (if applicable);
- I understand that Clarence City Council does not accept any liability or responsibility for the proposal in this application and that it is the responsibility of the applicant to provide the appropriate insurance cover;
- I agree that, if successful, funds will be used only for the project described on this application;
- I consent to the release of project information in the application for promotional and evaluation purposes relevant to Clarence City Council; and

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- I will seek permission from relevant parties or group, before submitting photographs for use by Clarence City Council.

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

Signed by the Applicant who confirms by signing this Application that they have authority to act on behalf of the organisation/group/Individual.

I agree *

Yes

No

Name of authorised person *

First Name

Last Name

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

Position *

Parent/Guardian or 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