Food Support Grant
Form Preview

Introduction and instructions

Introduction

Welcome to the application form for North Sydney Council's Food Support Grant.

This grant program supports provides financial contributions to local, not-for-profit organisations that give food assistance and meals to those most in need in our local community.

This can be meals to homeless people, people needing emergency assistance or people who are financially in need.

Special emphasis is given to food activities that help address problems of social inequity.

Funding amounts are up to $2,000.

When applying for this program you need to answer these questions:

- Why are you doing this project?
- How will you deliver it?
- Who will benefit?

Please read North Sydney Grants Subsidies Policy for further information.

Note that the supporting documents, budget requirements and venue requests are listed towards the end of the application form so please familiarise yourself before beginning.

Instructions

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the Community Grants and Subsidies Policy

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.

If you have any questions in regards to these eligibility criteria, please contact **Community Capacity Officer at 02 9936 8355**

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

Before proceeding, please confirm the following:

- you are able to demonstrate alignment between your project and the aims of this program
- your organisation is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- your organisation is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- your organisation is located in (and/or supplies services to) North Sydney Local Government Area
- your organisation is able to demonstrate financial viability
- your organisation does not owe any reports or money to North Sydney Council as a result of previous funding or grants
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant
- your organisation is not a political party / seeking capital funding.

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

Contact Details

* indicates a required field

Privacy Statement

North Sydney Council is collecting your personal information for the purposes of processing an application. Thesupply of personal information is entirely voluntary. If you select not to provide or do not wish to provide your personalinformation, Council may not be able to process your application or act on or acknowledge your submission. North SydneyCouncil shall be regarded as the agency that holds your personal information and access to your personal information by interestedparties, may be released in line with Council policies. You have a right to access your personal information held by Council. Youalso have a right to have your personal information corrected or amended by Council. Applications by members of the public toview Council's records which are not in the public arena are subject to the provisions of *Privacy and Personal InformationProtection Act 1998, Government Information (Public Access) Act 2009* and *North Sydney Council's Privacy Management Plan*.

Application Conditions   ☐ Yes
I have read and understood the Privacy Statement. By ticking this box, I acknowledge New South Wales State Laws will accept this communication as containing my signature within the meaning of the Electronic Transactions (NSW) Act 2000.

Applicant Details

Organisation *
Organisation Name

Make sure you provide the same name that is listed in official documentation.

Applicant primary address
Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

Primary Contact Details

Primary contact *
First Name   Last Name

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

Position held in organisation *

e.g., Manager, Director 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 contact email address *

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

Do you identify as a person with disability?

NSW Disability Inclusion Act 2014 defines disability as "A long-term physical, mental, intellectual or sensory impairment, that in interaction with various barriers, may hinder [a] person's full and effective participation in society on an equal basis with others."

Do you identify as a person from a culturally and linguistically diverse background?

Diversity Council Australia defines cultural diversity as: "Having a mix of people from different cultural backgrounds – it can include differences in cultural/ethnic identity (how we identify ourselves and how others identify us), language, country of birth, religion, heritage/ancestry, national origin, and/or race, colour...CALD people see themselves (or their parents) or are seen by others as being from a non-English speaking background, and/or being from a non-Anglo-Celtic cultural background."

Organisation Details

* indicates a required field

Tell us about your organisation and its role in the North Sydney local area by addressing the following: What is the work you do in the local area? How long have you been doing it? *

Must be no more than 2000 characters.

What type of not-for-profit organisation are you? *
○ Educational institution (includes pre-schools, schools, universities & higher education providers)
○ Religious or faith-based institution
○ Philanthropic organisation
○ Peak body
○ Social enterprise
○ International NGO
○ Professional association
○ Healthcare not-for-profit
○ Community group
○ Research body
○ General not-for-profit (i.e. none of the sub-types listed above)
Please choose the option that best applies to your organisation.

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
○ Unknown
If your organisation is unincorporated. it must have an auspice organisation.

Does your organisation have an ABN? *

○ Yes ○ No

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)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

Please upload completed Statement of Supplier Form. *
Attach a file:

Max 25mb per file uploaded

What is your incorporation number? *

Incorporated Association or Australian Company Number

Has your organisation received funding from North Sydney Council before *

If yes, has your organisation submitted an acquittal report to North Sydney Council for previous funding?

About your project

* indicates a required field

Project title *

Word count:
Must be no more than 10 words.
Provide a name for your project/program/initiative. Your title should be short but descriptive

Anticipated start date *

Must be a date not earlier than 10/12/2024

Anticipated end date *

Must be a date before 30/05/2025

The location of your project

Where specifically is your project or event taking place? *

E.g. an address, street, suburb or area that is appropriate to your project

Explain your project in more detail *

Why are you doing this project? (Why it is important and what will happen as a result of you doing this project) How will you deliver it? (What are your skills, ability and experience in doing projects.) Who will benefit? (How will they benefit and how have you included the diverse communities in the local area.) Who are you doing your project with? (if relevant)

How will your initiative provide food assistance and meals to those most in need in our local community? *

Primary beneficiaries / contributors

Attendance

How many people do you expect to benefit in your project? *

Must be a number

Does this initiative have community support? *
○ Yes   ○ No   ○ Don't know   ○ Not Applicable
Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

What evidence do you have that this project/program has community support? *

Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Please upload letters of support (if available/relevant)
Attach a file:

A maximum of 5 files can be attached

Project Budget

* indicates a required field

What is the total cash amount (ex GST) requested from North Sydney Council? *

$

Must be a dollar amount and no more than 2000. What is the total financial support you are requesting in this application?

Total Project/Program Cost *

$

What is the total budgeted cost (dollars) of your project?

Budget (GST exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

Income Description	Income Type	Confirmed Funding?	Income Amount	Notes
			$	
			$	
			$	

Expenditure Description	Expenditure Type	Expenditure Amount	Notes

		$	
		$	
		$	

Budget Totals

Total Income Amount

$

This number/amount is calculated.

Total Expenditure Amount

$

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Please attach quotes for those expenditure (cost)
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.

I agree *

☐   Yes

Name of authorised person *

Title   First Name   Last Name

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

Position *

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

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

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Email *

Must be an email address.

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. *