

# Community Support Fund Application 2024/2025 - Round 2

## Form Preview

## Community Support Fund

### Introduction

Please read the [Funding Guidelines](#) prior to completing this form.

### Objectives

The Community Support Fund aims to build sustainable local communities which enhance wellbeing and development of the Port Stephens community.

The grant welcomes applications from community groups and not for profit organisations that are seeking support for projects, activities and events that address community needs.

### Key Dates

Round 2: Applications open 3 February and close 3 March 2025

Amount per application: \$6,000

Annual allocation: \$70,000 (\$35,000 per round)

### Eligible Entities

- Incorporated, not-for-profit organisation or charities that operate in or service the Port Stephens community
- Schools if they can demonstrate a community partnership and operate in the Port Stephens community
- Unincorporated community groups which service or operate in Port Stephens AND are auspiced by a not-for-profit that is eligible to apply in their own right. (Applicants are encouraged to select an auspicing organisation that is relevant to the sector and can support the development of the proposal)

If you require assistance please email [pscgrants@portstephens.nsw.gov.au](mailto:pscgrants@portstephens.nsw.gov.au) or call 4988 0255 and you will be put through to an officer who can help with your enquiry.

## Applicant Details

\* indicates a required field

### The Organisation

**Organisation Name \***

Organisation Name

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### Organisation 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.

### Organisation Address \*

Address

  

### Organisation Phone Number \*

Must be an Australian phone number.  
Please include area code (e.g 02)

### Organisation Email \*

Must be an email address.

### Organisation Postal Address \*

Address

  

## Applicant Details

### Applicant Name \*

Title      First Name      Last Name

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This is the person completing the form

### **Applicant Position \***

### **Applicant Phone Number \***

Must be an Australian phone number.

### **Applicant Email \***

Must be an email address.

## Project Details

\* indicates a required field

## Community Support Fund Application Form

### **Project Title \***

### **How much are you applying for? \***

Must be a dollar amount and no more than 6000.

### **Short project description \***

Word count:

Provide a short description on what you intend to do? (50 words recommended)

### **Start Date \***

### **End Date \***

Must be completed within one year of commencement, unless negotiated otherwise.

**Outline the positive impacts your project will have on the Port Stephens community, and/or specified target group \***

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Word count:  
Must be no more than 200 words.

**Outline the local need you have identified which this project seeks to address? \***

Word count:  
Must be no more than 150 words.

**Outline any partners that you will be working with in this project. \***

Word count:  
Must be no more than 150 words.

**Please provide information on your organisation's ability to undertake the work you propose in this project, including previous projects that you have completed which are of similar size and nature \***

**How will you measure your achievements? \***

Word count:  
Must be no more than 100 words.

## Budget

\* indicates a required field

**Total Amount Requested from Port Stephens Council? \***

\$

Must be a dollar amount and no more than 6000.  
What is the total financial support you are requesting in this application?

Cash Income

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Item (e.g grant, organisation contribution)	Income amount (\$)	Cash source (e.g grant body name)	Notes (no more than 10 words)
	Must be a dollar amount.		Must be no more than 10 words.
ie. Grant	3000.00	ie. Port Stephens Council	ie. Printing

### Cash Expenditure

Expenditure item (e.g printing costs, facilitator costs)	Expenditure amount (\$)	Notes (no more than 10 words)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

### Non-financial inputs

Non-financial inputs may include staff/volunteers time/expertise, equipment, facilities, contributions, or other types of in-kind support directly related to the proposed activity.

NOTE: Volunteer hours can be costed at \$25 per hour; Professional services can be costed at \$75 per hour.

Item	Estimated Value	Notes / in-kind provided by:
Must be no more than 10 words	Must be a dollar amount	Must be no more than 10 words Must be no more than 10 words.
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

### Budget Totals

**Total Income Amount**

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\$

This number/amount is calculated.

### Total Expenditure Amount

\$

This number/amount is calculated.

### Total Project Cost

\$

This number/amount is calculated.

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

## Quotes

Quotes for equipment and services to the value of \$500 or more should be included in the application

Item	Quote Amount (\$)
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

### Attach quotes

Attach a file:

## Supporting Documentation

### Attach a copy of your Public Liability Insurance Certificate of Currency

Attach a file:

### You may provide other documentation to support your application by uploading files below.

Attach a file:

Document type - e.g. letter of support, plans, research

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### Link

URL e.g. video, presentations

## Certification

\* indicates a required field

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 in this application are true.
- I certify that I am authorised by my group/organisation to complete this application.
- I consent to the information contained within this application being disclosed to or by Port Stephens Council for the purpose of assessing, administering and monitoring my current and any future grant applications.
- I understand that if Port Stephens Council approves a grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my contractual agreement with Port Stephens Council.

### I agree \*

- Yes  
 No

### Name of authorised person

#### Applicant Project Contact \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be a senior staff member, board member or appropriately authorised volunteer

## Feedback

### Please tell us how you heard about our program? \*

- Word of mouth - through friends, family or colleagues  
 Social Media - Facebook  
 Council Website  
 Direct Email from Council  
 Newspaper  
 Radio  
 Other:

### How would you rate your experience completing this application form? \*

- 1  
 2  
 3

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- 4
- 5

1 Very Dissatisfied - 5 Very Satisfied

**Please provide any feedback on the application process.**