

Small Grants Program

Small Grants program supports a range of small-scale community initiatives and projects can contribute to one or more of the following outcomes: a) Develop trial community capacity building programs or facilitate small-scale community awareness events; b) Increase engagement of individuals in academic, cultural, and environmental fields; c) Improve relative equality, resilience, and capacity of Liverpool's diverse communities; and/or; d) Enhance positive social, cultural, or sustainability outcomes for local communities related to Council's strategic priorities.

Available funding Applications can be made for funding of up to \$1,000 per project. Repeated applications of the same project or initiative in subsequent years will not be accepted.

Program timeframe Applications can be made all year. Grants must be spent within 12 months of receiving them.

Eligibility

* indicates a required field

Program Guidelines

- Before completing this application form, you should read through Council's Grants Donations and Sponsorship Policy, outlining the eligibility and guidelines of the Small Grants Program: <https://www.liverpool.nsw.gov.au/community/grants-and-sponsorship>
- 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 regard to these eligibility criteria, please contact **grants@liverpool.nsw.gov.au**, or call **02 8711 7396 to speak to a Grants Officer**.

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 have read and understood the program guidelines outlined in the Grants Donations & Sponsorship Policy.

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- You are able to demonstrate alignment between your project and the aims of this program
- Your organisation is Incorporated and not-for-profit or under auspice of an incorporated organisation and not for profit organisation for the purposes of this application
- The program you are seeking funding for will provide direct outcomes for the residents of the Liverpool LGA.
- Your organisation is able to provide audited financial statements for the previous financial year.
- Your organisation does not owe any reports or money to **Liverpool City Council** as a result of previous funding or grants
- Your organisation has no outstanding acquittal forms pending review.
- 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 school / high school, state department, or a political party.

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

☐ Yes

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*. To view our privacy statement, go to **{{ Grantmakers: insert hyperlink to your privacy statement }}**

Applicant Details

Applicant Organisation Name *

Organisation Name

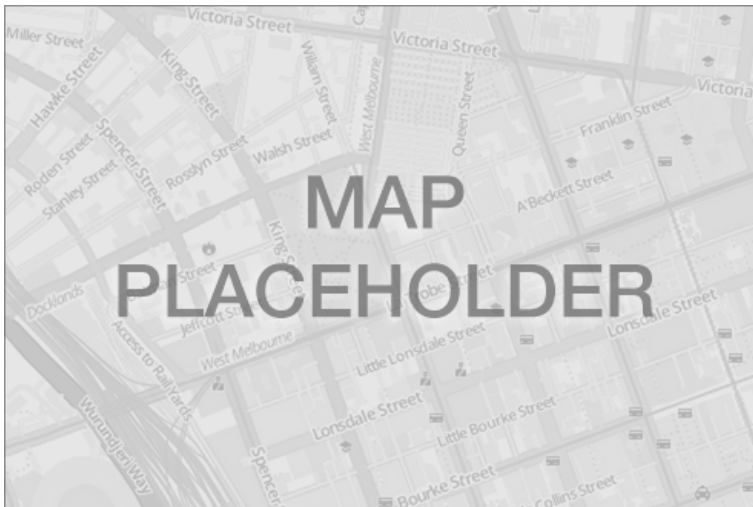
Make sure you provide the same name that is listed in official documentation.

Applicant primary address

Address

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Applicant postal 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 *

Title 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 *

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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.

Organisation Details

* indicates a required field

Provide a brief description of your organisation's purpose or mission? *

Word count:

Must be no more than 300 words.

What type of Incorporated or not-for-profit organisation are you? *

- ☐ Educational institution (include school P&C, 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.

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

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Entity Name
ABN Status
Entity Type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type [More information](#)
ACNC Registration
Tax Concessions
Main Business Location

Project Details

* indicates a required field

Project title *

Word count:

Must be no more than 25 words.

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

Anticipated start date *

Anticipated end date *

Where will this program be delivered in the Liverpool LGA? please provide venue details *

Programs and events must be delivered in the Liverpool LGA, to be eligible for Council Grants.

Please provide a short summary of your initiative *

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). Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

Rationale: What is the need for this program in Liverpool and how will you address it? *

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Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

Alignment - How will your program align with at least one of Councils Community Strategic Objectives? *

COUNCIL STRATEGIC OBJECTIVE 1: HEALTHY, INCLUSIVE, ENGAGING -- STRATEGIC OBJECTIVE 2: LIVEABLE, SUSTAINABLE, RESILIENT -- STRATEGIC OBJECTIVE 3: EVOLVING, PROSPEROUS, INNOVATIVE -- STRATEGIC OBJECTIVE 4: VISIONARY, LEADING, RESPONSIBLE. Please refer to the Community Strategic Plan for more information about the four objectives and organisational goals - see <https://www.liverpool.nsw.gov.au/community/grants-and-sponsorship>. Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response. Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

Are you working in partnership with any local organisations? Please list the organisation name/s and how are they supporting your program. *

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 Outcomes

* indicates a required field

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'

Project Outcomes

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Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur for the beneficiaries (direct, indirect and/or intermediaries) of your project. Generally, outcomes can be framed as an **increase or decrease** in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation (these are generally immediate or short-term outcomes)
- Actions, behaviour, change in policy (these are generally intermediate or medium-term outcomes)
- Social, financial, environmental, physical conditions (these are generally long-term outcomes)

Immediate outcomes occur directly following an activity (e.g. within 1 month); medium-term outcomes are those that fall between the short and long-term outcomes (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

Your outcomes	Timeframe	Explanatory notes
What changes do you expect will occur as a result of your project (e.g. Enhanced physical fitness)? Please be brief. One per row. You can refer to the Grants Donations & Sponsorship Policy for expected program outcomes. https://www.liverpool.nsw.gov.au/community/grants-and-sponsorship	When do you expect this outcome to emerge?	Add notes if you need to provide more context.

Applicant Capacity

* indicates a required field

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 capacity to complete the work you've described in this application. *

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. Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

Please upload a copy of your most recent Annual Report or Audited Financial Statements *

Attach a file:

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Please upload a copy of a valid Public Liability Certificate *

Attach a file:

Please upload a copy of a valid certificate of incorporation *

Attach a file:

Program Budget

* indicates a required field

Program Budget

Please outline your project expenses in the expenditure table below, inclusive of GST.

- Income refers to any cash or in-kind contribution your program, by your organisation, or any partners contributing to the program. You can also include external grants or sponsorships that will support this program.
- Expenditure refers to the cost of delivering the program. This includes cost of materials, catering, venue hire, facilitator fees, marketing & promotion etc, and must be supported with a copy of the quote or invoice attached to this application below. Please refer the Grants Donations & Sponsorship Policy to understand project expenses that will not be supported by Council: <https://www.liverpool.nsw.gov.au/community/grants-and-sponsorship>
- The funding amount you are requesting from Council, must be supported with matching quotes/ invoices. For instance, if you are requesting a \$1000 grant, we need to check quotes and invoices to the value of \$1000 have been attached to this application.

Budget

- List all the income you are investing into the project on the left-hand side of the budget table. Including the funding amount you have requested from Liverpool Council in this application (e.g. expected small grant from Liverpool Council \$1000)
- List all the eligible project expenses on the right-hand side of the budget table.

Income	\$	Expenditure	\$

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.

Quotes / Invoices Upload

Please upload quotes and invoices that support the funding requested amount. You can attach multiple documents.

Attachment 1 *

Attach a file:

A minimum of 1 file and a maximum of 20 files may be attached.

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 funding agreement.
- I understand any affiliation to the Mayor and Councillors must disclosed to Liverpool Councils Grants Officer - grants@liverpool.nsw.gov.au

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

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. This is optional and does not impact your application.

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.