

Employment and Education Pathways - Round 2 - November 2024

Form Preview

Eligibility Check

* indicates a required field

Please ensure you have read the guidelines before getting started. Visit [Cumberland City Council](#) website for further information about grants program.

Is this application for a new project or for the significant expansion of an existing project? *

☐ Yes ☐ No

Ongoing and retrospective projects will not be funded.

Is your organisation (or auspice) a not-for-profit, community based organisation? *

☐ Yes ☐ No

If no, your organisation is not eligible.

Will residents of Cumberland LGA be the primary beneficiaries or participants in this project? *

☐ Yes ☐ No

If no, your organisation is not eligible.

Is your organisation (or auspice) currently located in or will be delivering services/projects in the Cumberland Local Government Area (LGA) or have specialist expertise not currently available in the Cumberland LGA? *

☐ Yes ☐ No

If no, your organisation is not eligible.

Will you (or your auspice) be able to provide proof of appropriate insurance including public liability insurance (minimum of \$10 million liability)? *

☐ Yes ☐ No

Disclaimer

Funding may be available beyond 12 weeks after application close and subject to Council's approval

Do you Agree? *

☐ Yes ☐ No

Organisation Details

* indicates a required field

Name of Organisation *
Organisation Name

Primary Email *

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Name of organisation applying for the grant

Must be an email address.
e.g. info@xyz.com.au

Primary Address

Address

Any, but at least one field is required. Coordinates
Required. Country must be Australia

Website / Social Media

Must be a URL.

Are you an incorporated legal entity? *

☐ Yes ☐ No

Do you have an ABN? *

☐ Yes ☐ No

All valid applications must have a current
registered Australian Business Number (ABN). You
can apply for an ABN online at [ABR register](#)

Postal Address

Address

Any, but at least one field is required. Country
must be Australia

Primary Phone Number *

Must be an Australian phone number.

Australian Business Number or Company Number *

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	

Must be an ABN.

Please select which form of Incorporation? *

- | | |
|--|--|
| <input type="radio"/> Australian Public Company | <input type="radio"/> Registered Australian Body |
| <input type="radio"/> Company Limited by Guarantee | <input type="radio"/> Act of Parliament |
| <input type="radio"/> Co-operative | <input type="radio"/> Other: |

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☐ Not for profit Incorporated Association

2.13 Please provide your incorporation Number *

Applicant Details

2.18 Project Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person who will be the point of contact for the project.

2.20 Email *

2.19 Position *

2.21 Primary Phone Number *

Must be an Australian phone number.

Auspice Organisation Details

Cumberland City Council requires all organisations without incorporation to be auspiced.

Auspicee - the group requiring support is known as the 'auspicee'.

Auspisor - the incorporated organisation that auspices the group or individual is known as the 'auspisor'.

When using an auspice arrangement, the auspicee will carry out the project 'under the auspice of' the incorporated organisation. The auspisor receives funding and provides incorporated support such as public liability insurance.

Council recommends that the auspicee and auspisor develop an Auspice Agreement before submitting the grant application. Further information on what to include in this agreement can be found at <https://www.nfplaw.org.au/auspicing>.

Cumberland City Council can only enter into a Funding Agreement with a legally constituted, incorporated organisation. This organisation will manage the funding and distribute the funds to you.

Will you require an auspice for this application? *

☐ Yes ☐ No

Auspisor Details

* indicates a required field

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Auspice Organisation *

Organisation Name

Auspice 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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Incorporation Number *

Your Auspice MUST be a not-for-profit organisation

Auspice Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Auspice Contact Office Address

Address

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

Any, but at least one field is required.

Auspice Contact Primary Phone Number *

Must be an Australian phone number.

Auspice Contact Primary Email *

Must be an email address.

Supporting documents for Auspicor

Please attach the following documents:

- Annual report or financial statement
- Statement of Aim and Objectives
- Public Liability Certificate
- Letters of Support
- Any other supporting documentation

Attach Documents *

Attach a file:

Organisation Background

* indicates a required field

Organisation Summary

What is the purpose of your organisation? What does the organisation currently do in the community? *

Word count:

Must be no more than 100 words.

What existing links or partnerships do you have within the Cumberland LGA? *

Word count:

Must be between 50 and 100 words.

Supporting Documents

Please attach the following documents:

- Annual report or financial statement
- Public Liability Certificate
- Letters of Support
- Any other supporting documentation

Attach Documents *

Attach a file:

Project Details

* indicates a required field

Project Information

Details of the particular project being applied for.

Project Title *

Project Start Date *

Must be a date and no earlier than 1/4/2025.
What date does project start?

Project End Date *

Must be a date and no later than 1/4/2026.
What date does project end?

Total Amount Requested

This number/amount is calculated.
Amount will be automatically calculated when you complete the budget section.

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

No more than 5 choices may be selected.
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)

Provide a short summary of your project? *

Word count:
Must be no more than 100 words.
This will be the published project description on Council's website.

What are the aims of this project? *

Word count:
Must be no more than 100 words.
Briefly list (bullet points) what the project hopes to achieve.

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Briefly describe the project activities?

Must be no more than 200 characters.

Briefly outline each planned activity, including its timeline (e.g., specific months or dates), type, duration (e.g., 2-hour workshop), and key stakeholders (e.g., facilitators, partners). Focus on what will happen, when, and with whom.

Describe the target group you are seeking to engage in this project? Who are they and what are their needs? *

Word count:

Must be no more than 200 words.

Describe the estimated number, gender, age and location/region of those participating in the project. Describe the specific issue or need you want to address.

How will your project address these needs? *

Word count:

Must be no more than 200 words.

Please explain the strategies or actions the project will implement to meet the needs of the target group, including specific activities or interventions designed to directly support them.

What type of consultation has occurred to involve the target group in the development of your project? *

Word count:

Must be no more than 200 words.

Who is involved in the planning and delivery of your project and how was the target group engaged or involved in the project's development process.

What potential risks have you identified for this project, and what specific strategies do you plan to implement to mitigate these risks? *

Word count:

Must be no more than 200 words.

List or describe the risks for this project, and how will you remove or reduce them.

Project Location & Classification

* indicates a required field

Council Facilities

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Find a list of current Council facilities here: <http://www.cumberland.nsw.gov.au/venues-and-facilities-hire>

Grant applicants can apply for a fee waiver to use a Council facility as part of their request for funds (must be shown in the budget).

Would you be looking to utilise a Council community facility for your project? *

- ☐ Yes
- ☐ No

Have you already contacted Council to book a space?

- ☐ Yes
- ☐ No

Please be aware that requesting a Council Booking in your application does not guarantee availability. It will depend on the facility's schedule. For more information, please visit our [website](#) at or call 02 8757 9000

Please list the top 3 preferred facilities you would be looking to run your program from. Please note, a request for a booking is not guaranteed and will depend on the availability of a facility. *

Project Location

Please select the location(s) where your project will take place.

To view a map of the Cumberland Local Government Area go to: [Cumberland Community Profile](#).

Granville Ward *

- | | | |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Granville | <input type="checkbox"/> Holroyd | <input type="checkbox"/> Merrylands West |
| <input type="checkbox"/> Guildford | <input type="checkbox"/> Merrylands | <input type="checkbox"/> Not Applicable |

Greystanes Ward *

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Fairfield | <input type="checkbox"/> Pemulwuy | <input type="checkbox"/> Wood Park |
| <input type="checkbox"/> Greystanes | <input type="checkbox"/> Prospect | <input type="checkbox"/> Yennora |
| <input type="checkbox"/> Guildford West | <input type="checkbox"/> Smithfield | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Merrylands West | | |

Regents Park Ward *

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Berala | <input type="checkbox"/> Lidcombe | <input type="checkbox"/> Rookwood |
| <input type="checkbox"/> Homebush West | <input type="checkbox"/> Regents Park | <input type="checkbox"/> Not Applicable |

South Granville Ward *

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Auburn | <input type="checkbox"/> South Granville | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Chester Hill | | |

Wentworthville Ward *

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Girraween | <input type="checkbox"/> South Wentworthville | <input type="checkbox"/> Westmead |
| <input type="checkbox"/> Mays Hill | <input type="checkbox"/> Toongabbie | <input type="checkbox"/> Not Applicable |

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☐ Pendle Hill

☐ Wentworthville

Other locations not on the list

Word count:

Project Beneficiaries

Number of participants benefited from this project? *

A whole number (no decimal places)

How many participants will be residents of the Cumberland LGA? *

Must be a number or percentage

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

At least 3 choices and no more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program

What is the primary gender type to benefit from this project? *

- ☐ Involves all gender
- ☐ Mainly female
- ☐ Mainly male

Outcomes, Evaluation and Project Partners

* indicates a required field

What are three measurable outcomes your project aims to achieve? Please describe how each outcome aligns with the project's aims? *

Word count:

Must be no more than 200 words.

Consider what specific results your project will deliver. (For example; As a result of the project the number of participants reporting high blood pressure reduced by 20% after six months of participating in the wellness program.)

How will you measure if these outcomes have been achieved? Please indicate evaluation methods and tools? *

Word count:

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Must be no more than 200 words.

Explain how you will determine if your project's outcomes have been achieved. Please detail specific evaluation methods and tools (e.g., software, performance metrics, assessment frameworks) you will use to measure success.

Project Partners

Will you work with other partners to deliver this project? *

☐ Yes

☐ No

This includes engaging with another organisation to borrow their facilities and/or resources

Partners

Please list any partners you will work with and their contribution to the project. *

Budget

* indicates a required field

Project Budget

Applications under this stream can be made for up to \$15,000.

Total amount requested from Cumberland City Council. *

\$

This number/amount is calculated.
The amounts listed in the budget table will automatically calculate here.

What is the total budgeted cost (dollars) of your project excluding in kind contributions. *

\$

This number/amount is calculated.
Do not include non cash value (inkind). The responses to the budget table will automatically calculate this answer.

Detailed Budget

Outline below the budget for your project, including funding from Cumberland City Council and any other funding sources. Include costs of hiring Council owned facilities. Current fees are available on [Council's website](#).

Provide clear itemised budgets that are well researched and reflect actual costs.

While individual budget items may include GST, GST is not to be applied to the funding request as a whole.

The budget is subject to rules, more information can be found in our [guidelines](#).

- You do not include items that are not eligible as determined in our guidelines.
- Clear description of what the expenditure item is

All quotes below are GST inclusive.

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Expenditure Item	Amount requested from Cumberland City Council	Amount from other funding sources	Indicate if other funding source is confirmed or not confirmed?	Name of the other funding source
	a dollar amount	Must be a dollar amount.		
	\$	\$		
	\$	\$		

In-kind Contribution

What are the in-kind contributions for this project?. This is any non - cash contributions to the project, e.g. provision of a venue at no cost or value of volunteer labour.

In-kind Contribution	Amount
	\$
	\$

Total In kind Contribution

This number/amount is calculated.

Upload Quotes

Please provide quotes for any expenditure items \$500 or over.

Quotations *

Attach a file:

Maximum 25mb per file attachment. Recommended no more than 5mb per attachment.

Additional Quotations

Attach a file:

Would you still proceed if your application is receiving partial funding? *

- ☐ Yes
☐ No

Please confirm your understanding of 'partial funding' (receiving less than the full amount requested).
If your application receives partial funding, would you still proceed with the project?

Privacy, Declaration, Consent, Authority, Information and Feedback

* indicates a required field

Privacy Statement

Some information that Cumberland City Council (Council) is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ("PPIP Act"). The supply of the information by you is voluntary. If you do not provide the information Council may not be able to accept your application for funding. The information will be retained by Council and stored in Council's Central Records System and will not be made publicly available. You may make an application for access or amendment to your personal information. You may make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the PPIP Act. Cumberland City Council is to be regarded as the agency that holds the information. For more information about your privacy please contact Cumberland City Council. Complaints or concerns regarding the use of your personal information can be made to Council's Privacy Contact Officers.

Declaration, Consent and Authority

This **MUST** be completed by the applicant organisation.

- I certify that to the best of my knowledge the statements made in this application are true.
- I understand that if Council approves the application, 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 Cumberland City Council.
- I understand that the information provided on my grant application and in any related documentation/discussions may be provided to members of the assessment panel in order to assist Council in processing your grant application. Members of the assessment panel may include Council and non Council representatives.
- I consent to the information contained within this application being disclosed to or by the Council for the purpose of assessing, administering and monitoring my current and any future Council grant applications.
- By submitting an application I consent to Council publishing the applicant's name, project description and amount funded on our website, this information may also be used for promoting the Cumberland Community Grants Program.
- I am authorised by the Applicant to submit this application, to make the above **Declaration** and provide the above **Consent**. I understand that this is an application only and may not necessarily result in funding approval.

*

☐ Yes

Name *

Title

First Name

Last Name

Position *

Email *

Must be an email address.

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Phone *

Must be an Australian phone number.

Date *

a date

Feedback

How easy was it to fill out the form?

- ☐ Very Easy
☐ Easy

- ☐ Moderate
☐ Difficult

- ☐ Very Difficult

Tell us about your experience in completing this application form?

Word count:

Must be no more than 100 characters.