Kendall Community Op Shop



2025
Community Grants
Application Form

SECTION 2 - APPLICATION FORM 2025

To apply for a Community Grant from the Kendall Community Op Shop you will need to complete the Community Grant Application form.

Applications missing the required information may be considered ineligible for grant funding.

Part 1 General Information

Name of Group / Organisation applying:					
Postal Address					Postcode:
Contact Person 1				Position:	
Phone Number (Daytime)			Ema	il:	
Contact Person 2:				Position:	
Phone Number (Daytime)			Ema	il:	
Group / Organisation Austr business Number (ABN)	ralian				
Background of Group / Organisation					
Is this group incorporated? (If you do not have an ABN and you are not incorporated (and you are not auspiced) you are ineligible for funding)			Yes / No		
Is the Group / Organisation GST registered?			Yes / No		

Only complete the section below if your application is being auspiced.

Name of Group who will be auspicing the project:					
Postal Address					Postcode:
Contact Person 1				Position:	
Phone Number (Daytime)			Ema	il:	
Contact Person 2:				Position:	
Phone Number (Daytime)			Ema	il:	
Group / Organisation Australian business Number (ABN)					
Is this group incorporated? (If you do not have an ABN and you are not incorporated (and you are not auspiced) you are ineligible for funding)		Yes / No			
Is the Group / Organisation GST registered?		Yes / No			
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Part 2 Project Information

Please read Advice for Preparing an Application Form A. Description of Project: (What is the project) B. Cost of Project **Total Cost of Project** \$ This should be the same as the amount in Amount sought from The Op Shop \$ the budget C. Aims / objectives of the Project: (What will the project do? Use dot points. D. Specific needs that the project addresses: (as met by aims / objectives in point C)

E. Benefit of the Project. (what is the benefit to the group and the community?)
F. Community Involvement (Directly or Indirectly) in the Project: (How will you get people involved)
G. Outline of the Project Timeline: (When will the project happen / how long will the project take? Please attach outline if additional space required.
H. How will the Project be Evaluated and by Whom? (Provide details of Evaluation Mechanisms). (What is the actual result at the end of the project?)

I. Are other funding	g sources available / being pursued for t	this Proje	ct?
Part 3 Project	Budget		
Income			
Grant funding amount sought from Kendall Op Shop:			
Other income (for example your organisations cash			
contribution): Income from other sources (for example other grants,			
donations, fees etc.): In-kind contribution (for example volunteer hours):			
Total Cash Income:		\$	
		L	
Expenditure			
Item 1		\$	
Item 2		\$	
Item 3		\$	
Item 4		\$	
Item 5		\$	
Item 6		\$	
Total Expenditure:		\$	
Financial Details			
Is your group / organis	ation incorporated? Yes	○ No	
	d groups / organisations or Individuals	Ŭ	annly under the

If **No**, non-incorporated groups / organisations or Individuals can only apply under the auspice of an existing incorporated Not-for-Profit Community Organisation (NFP) see page 3.

viously received a community grant			
Yes No			
nout this grant funding?			
with this application.			
A letter from your Auspicing body agreeing to support your application if not submitting this form under an incorporated group / organisation.			
A copy of the group / organisation / auspicing body certificate of incorporation			
A copy of the group / organisation / auspicing body most recent annual financial report and / or audited financial statement. (Bank Statements will not suffice). Financial reports must not be more than 12 months old and must disclose assets and liabilities together with a profit and loss statement (and MYOB or ZERO report will suffice) of the applicant. A bank statement as at 1 February 2025 is also required.			
Copies of one (1) quote for projects under \$2000 and two (2) quotes for projects exceeding \$2000.			
If your group / organisation has its own funds which would meet the cost of the project an explanation is required as to why additional funding is sought.			

Dec	laration			
	attachments are accurate a	on contained in this application form and within the and correct, and that this form has been submitted with the of the applicant and organisation I represent.		
	As a condition of receiving this grant, I agree to apply the grant in accordance with the guideline criteria and any specific conditions attached to the grant and to submit an acquittal form to report on the agreed project results and outcomes, with up to two photos attached, no longer than one month after event / activity is complete.			
	I give Kendall Community Op Shop unrestricted license to reproduce, resize and give away the supplied images, for promotion of the Kendall Community Op Shop Community grants program. Images supplied have all necessary permissions and I will be available for any required media coverage and interviews.			
	Where applicable, I will acknowledge Kendall Community Op Shop's support in any promotional materiel or media coverage, generated by my organisation / group in accordance with the guidelines following approval by Kendall Community Op Shop.			
	Signatories name:			
	Signatories position:			
	Date:			
	Signature:			
	Completed applications c	an be posted to:		
	Kendall Community Op Shop			
	PO Box 60			
	Kendall NSW 2439			
	Or dropped off at Kendall Community Op Shop			
	1a Comboyne Street, Kendall			
	For further information or assistance, please contact the Grants Team:			
	Phil: 0402 102 839			

Allan: 0478 520 246