

Community Building Partnership Program 2021 - Application Form

Important

- You are NOT eligible if your organisation has unacquitted CBP18 projects or outstanding Progress Reports for CBP19 projects by 14 May 2021.
- If your project is on public school grounds, you must complete the relevant Department of Education form to be eligible. Please contact your school's Principal for more information.
- Do not continue if you have not read the [Program Guidelines](#). Please visit the [Community Building Partnership website](#) if this is the case.
- You are NOT eligible to apply if you are an individual or a for-profit organisation.

Instructions

1. When you start your application, it will be issued with a unique reference number (CBP21 - XXXX), please quote this in ALL correspondence or queries regarding your application.
2. **Remember to save your application regularly - every 30 minutes.** You do not have to complete this application form in one session. You can return to this form from time to time to complete it before the deadline.
3. Do not use ALL CAPS in your responses.
4. Please read the hints below each question carefully. You will find them very helpful in completing the form.
5. Once submitted, your application cannot be varied. If you realise that you have made an error once you have submitted your application please contact the Community Building Partnership Team for assistance **before** the closing date.
6. If you have problems submitting your application, **you should contact the helpline on 02 8753 8144 at least 24 hours before the deadline to seek assistance.**

Submitting your application

You will receive a confirmation email once you successfully submit your application. This will be sent to the email address you used to log in with to complete your application. The email will include a copy of your application for your reference.

Please keep the confirmation email and the copy of your application in a safe place and as part of your records as you may need to refer to it at a later date.

Please note: *Your application has not been submitted if you have not received the confirmation email.*

All applications for funding are assessed on merit through a competitive process. The program timetable, including the anticipated announcement of successful projects is detailed on the [CBP website](#).

Contact details

We recognise that contact details may change from time to time. When this occurs please email the Community Building Partnership Team to notify us of the change at CBP2021@dcj.nsw.gov.au so that we can update our records and ensure that we can reach your organisation in a timely manner.

You can contact the Community Building Partnership Team on CBP2021@dcj.nsw.gov.au or phone 02 8753 8144.

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Thank you

The Community Building Partnership Team

Eligibility

* indicates a required field

Remember to SAVE your application form regularly.

Organisation Status

CBP welcomes applications from incorporated not-for-profit organisations and local councils. If your organisation structure is not listed in Q1, please refer to the [Program Guidelines](#) as you may NOT be eligible. For further information about each of the options, please see the following links:

- NSW Association — [NSW Fair Trading - Associations](#)
- NSW Co-operative — [NSW Fair Trading - Co-operatives](#)
- P & C Association — [Federation of Parents & Citizens Associations of New South Wales](#)
- Australian Public Company Limited by Guarantee — [Australian Securities and Investment Commission](#)
- Indigenous Corporation — [Office of the Registrar of Indigenous Corporations](#)
- Local Aboriginal Land Council — [NSW Aboriginal Land Council](#)

Your response to Q1 will make a section of the application available for you to provide evidence of your incorporation. Your application may be deemed ineligible if your evidence of incorporation cannot be verified, or if your registration of incorporation is no longer valid, e.g. cancelled or deregistered.

1. How is your organisation incorporated? *

- NSW Association, registered by NSW Fair Trading
- NSW Co-operative (non-distributing), registered by NSW Fair Trading
- P & C Association, registered by the Federation of P & C Associations of NSW
- Australian Public Company Limited by Guarantee, registered by ASIC
- Local Council
- Section 355 Committee of a Local Council
- Indigenous Corporation, registered by ORIC
- Local Aboriginal Land Council
- Incorporated by an Act of Parliament

Select the legal structure under which your organisation was incorporated.

NSW Association only

Enter your organisation's NSW Association incorporation number. Your incorporation number starts with either Y or INC, followed by exactly seven numerical digits. For example, Y1234567 or INC9876543.

You can check your NSW Association incorporation number and registration status at <http://associationspr.fairtrading.nsw.gov.au/>

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Y or INC *

- Y
 INC

Does your NSW Association incorporation number start with Y or INC?

Y or INC Incorporation number *

Enter the 7 numerical digits following the "Y" or "INC". Do not include any letters or symbols. For example, if your incorporation number is INC9876543, enter 9876543.

NSW Co-operative only

Enter your organisation's NSW Co-operative incorporation number. Your incorporation number starts with *NSWC*, followed by up to five numerical digits. For example, if your incorporation number is *NSWC00123*, enter *00123*.

You can check your NSW Co-operative incorporation number and registration status at <https://applications.fairtrading.nsw.gov.au/coopsregister/>

NSWC Incorporation number *

Enter the up to 5 numerical digits following the letters "NSWC" in your incorporation number. Do not include any letters or symbols. For example, if your incorporation number is *NSWC00123*, enter *00123*.

P & C Association only

If you are a P & C association registered by the Federation of Parents & Citizens Associations of NSW, please attach a copy of the certificate of incorporation issued by the Federation. Please visit <https://www.pandc.org.au/incorporation/> for more information.

If you are a P & C association registered by NSW Fair Trading, please select *NSW Association* at Q1 and provide your incorporation number.

P & C Association certificate of incorporation *

Attach a file:

Australia Public Company Limited by Guarantee only

Enter your company's Australia Company Number (ACN) without any spaces or letters. Your ACN is a nine-digit number. For example, if your ACN is *999 999 996*, enter *999999996*.

Australia Company Number *

Enter exactly 9 numerical digits with no spaces or letters. If your ACN starts with any zeros (0), include those zeros. For example, if your ACN is *009 123 326*, enter *009123326*.

Section 355 Committee only

As a Section 355 Committee of a Local Council, you are required to attach evidence that your local Council agrees to enter into a Funding Deed with CBP on behalf of your organisation and is committed to cash match CBP funding.

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Evidence of Council-S355 Agreement *

Attach a file:

Indigenous Corporation only

Enter your organisation's Indigenous Corporation Number. This is the up to four-digit number assigned by the [Office of the Registrar of Indigenous Corporations](#).

Indigenous Corporation Number *

Enter up to 4 numerical digits with no spaces, letters, or symbols.

Other Act of Parliament

Enter the Act of Parliament under which your organisation is incorporated. If unsure, please speak to your organisation's central office.

The NSW Parliamentary Counsel's Office manages and maintains a list of NSW Acts of Parliament at <https://www.legislation.nsw.gov.au/search>.

Act of Parliament *

Must be no more than 30 words.

Enter the name of the Act of Parliament under which your organisation is incorporated.

2. Organisation's 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	

If your organisation has an Australian Business Number, please enter it above and click the 'look up' button.

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3. Type of organisation *

- | | |
|--|--|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Aged/Seniors | <input type="checkbox"/> Multicultural |
| <input type="checkbox"/> Arts and Craft | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Childcare/Preschool | <input type="checkbox"/> Social |
| <input type="checkbox"/> Community/Civic | <input type="checkbox"/> Sporting |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Education | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Health | |

Select the most relevant options that best describe your organisation. For example, are you a disability service? Are you a sporting organisation? If 'other' please specify in the box provided.

Primary Contact Details

* indicates a required field

Remember to SAVE your application form regularly.

Organisation Name and Address Information

Please provide organisation level information in the section below.

4. Registered Name of Applicant Organisation *

Must be consistent with your entity name on the Australian Business Number (ABN) Register or the association name on your Incorporation Registration if you do not have an ABN

5. Trading Name of Applicant Organisation

6. Organisation Mailing Address - The CBP team will use email to communicate with you about this application. It is your responsibility to keep the CBP team updated of any change in contact details. This mailing address will only be used if contact is required via post. *

Address

Suburb State Postcode

Must be an Australian postcode. Start typing in the first box or your answer will not be registered.

7. Organisation Primary Phone *

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Include area code if using landline. The CBP team will contact you on this primary phone number for any communication regarding this application. It is your responsibility to update the CBP team if this phone number changes.

8. Organisation Primary Email Address *

This is the email address you used to log in to SmartyGrants. Please note the CBP team will use the user email address for ALL communication regarding this application. It is your responsibility to update the CBP team if this email address changes.

9. Organisation Primary Contact Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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The CBP team will contact this person for any communication regarding this application. It is your responsibility to update the CBP team if this primary contact person changes.

10. Primary Contact Person's Position *

For example, this person could be the General Manager, CEO, President, Secretary, Treasurer or Project Manager or another position within your organisation.

Project Type

* indicates a required field

Remember to SAVE your application form regularly.

Overview

Please make sure you have read the [Program Guidelines](#) and understand what is eligible for funding before continuing with this application.

Refer to the table on page 5 of the Program Guidelines for a breakdown of projects that are not eligible for CBP funding.

CBP will consider funding requests between \$5,000 and \$150,000 for projects involving:

- **Capital works** including construction of new community infrastructure as well as refurbishment, repair and maintenance of existing community infrastructure
- **Purchase of equipment** with a minimum individual asset value of more than \$5,000
- **Purchase of vehicle(s)** with a minimum individual asset value of more than \$5,000

Please Note: Applications for vehicle purchase must be made separately to capital works and/or equipment purchase projects.

11. This project is for: *

- Capital Works

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- Equipment Purchase
- Vehicle Purchase

Capital Works

- Construction of new community infrastructure
- Refurbishment, repair and maintenance of existing community infrastructure

Eligible capital works projects must meet the following criteria:

- If relevant, no more than 30% of the total approved funding may be used to purchase equipment with a minimum individual asset value less than \$5,000

Please Note: If your project involves a vehicle purchase or any modifications to an existing vehicle, please complete a separate application for that project type.

Equipment Purchase

Eligible equipment must meet the following criteria:

- No installation works are involved
- Minimum individual asset value is over \$5,000

Please Note:

- If you are purchasing equipment that requires installation e.g. solar panels, air conditioning etc, please select Capital Works at Q11.
- If your project involves a vehicle purchase or any modifications to an existing vehicle, please complete a separate application for that project type.

Vehicle Purchase

- This project type includes the purchase of **registered vehicles** such as: cars; buses; trucks; trailers; motorised rescue vehicles; ride-on mowers; and any modifications to existing vehicles (including trade-ins).
- The vehicle **MUST** be owned by and registered under the name of the applicant organisation.
- If you are seeking funding to purchase a vehicle that **does not require registration** e.g. canoe, dragon boat, please select Equipment Purchase at Q11.

Eligible vehicle(s) must meet the following criteria:

- Minimum individual asset value is over \$5,000
- Nominate the primary electorate the vehicle(s) will be serving
- Attach evidence to your Application that demonstrates that the vehicle(s) will primarily serve the nominated electorate e.g. promotional brochure, service plan including map, marketing campaign, website with overview of transport services etc
- Commit to providing the following in your Completion Report:
 - Vehicle registration **in the name of the applicant organisation** with the Road and Maritime Services or other government regulatory body that matches the project location in your application

Vehicle projects will only be considered if they:

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- deliver positive social, environmental and recreational outcomes
- promote community participation, inclusion and cohesion

12. Can you complete this project before 31 March 2023? *

Yes

Project Details

* indicates a required field

Remember to SAVE your application form regularly.

Project Overview

13. Project Title *

Must be no more than 10 words. Use a Project Title that reflects the nature of the project and clearly describes the works being proposed. Please capitalise the first letter of every word and check your spelling.

14. What will be built, repaired or purchased with CBP funding? *

Word count:

Must be no more than 25 words.

Please describe in one single paragraph what works the CBP funding will be used for. Your answer to this question will appear verbatim in the Funding Deed if your project is awarded funding. DO NOT use ALL CAPS or bullet points. Please use sentence case, check your spelling and grammar.

15. Project Activities *

- | | |
|---|---|
| <input type="checkbox"/> Amenities block upgrade or replacement | <input type="checkbox"/> Office refit / fitout |
| <input type="checkbox"/> Awning or pergola | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Bathroom upgrade or replacement | <input type="checkbox"/> Pathways and / or paving |
| <input type="checkbox"/> Capital equipment purchase | <input type="checkbox"/> Playground equipment |
| <input type="checkbox"/> Carpark resurfacing | <input type="checkbox"/> Plumbing works |
| <input type="checkbox"/> Clubhouse or community space extension | <input type="checkbox"/> Roof repair |
| <input type="checkbox"/> Construction of a new clubhouse or community space | <input type="checkbox"/> Roof replacement |
| <input type="checkbox"/> Court resurfacing | <input type="checkbox"/> Scoreboard repair or replacement |
| <input type="checkbox"/> Disability access improvements | <input type="checkbox"/> Security improvements |
| <input type="checkbox"/> Displays and Hanging Systems | <input type="checkbox"/> Shade and / or Shelters |
| <input type="checkbox"/> Drainage works | <input type="checkbox"/> Solar Panels |
| <input type="checkbox"/> Electrical upgrade | <input type="checkbox"/> Sports field lighting |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Sports field resurfacing |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Storage space improvements |
| <input type="checkbox"/> Guttering repair or replacement | <input type="checkbox"/> Wall repair or relocation |

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- | | |
|---|---|
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> War memorial / Anzac |
| <input type="checkbox"/> Kitchen upgrade or replacement | <input type="checkbox"/> Window repair or replacement |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Other: <input type="text"/> |

Select one or more options that best describe your project's activities. If 'other' please specify in the box provided.

Project Location

You **MUST** only enter **one location per application**.

Applicants must accurately identify the project location. Your application is assessed based on the project location. All program reporting relates to the specific project location.

Your application may be ruled ineligible if the project location provided is not accurate. If in doubt, contact the CBP team.

How to enter your Project Location

- Start typing the address in the first box, continue typing until your address appears in the drop-down list and select from there.
- Do not start your address with 'Lot #', 'Corner of / Cnr of' or 'Level #'. The system cannot validate your address if you do. You can provide additional address information at Q18.
- If your address does not appear in the drop-down list you must use the 'pin drop' feature to select the address on a map. Place the pin on the correct location, ensure the correct address is listed in the yellow bar and then select the wording "Use this address?"

Vehicle Purchase Projects

- If you have selected Vehicle Purchase at Q11, the project location address **must match the address shown on the vehicle registration** for the vehicle, that will be provided in the Completion Report.
- Applicants are also required to nominate a serving electorate at Q20, in addition to the project location entered below.
- Vehicle applications will be assessed in the serving electorate and will need to provide evidence at Q21 to substantiate the nomination.

16. Project location *

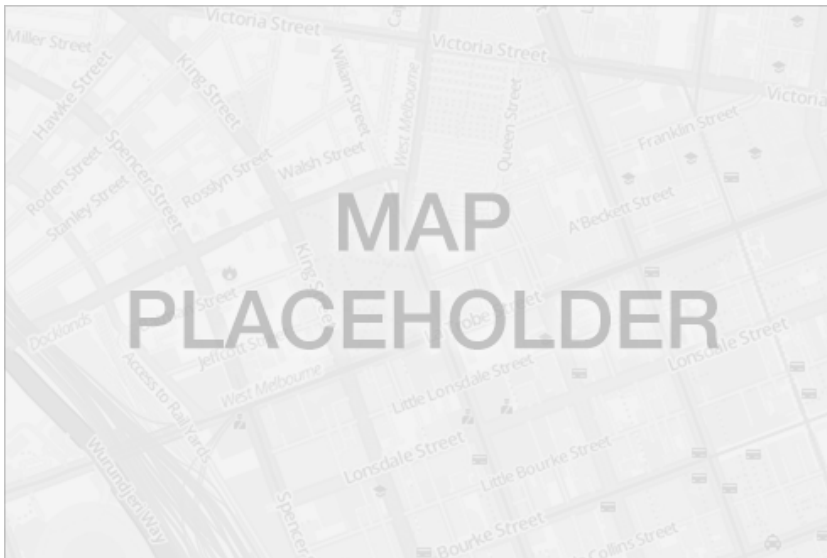
Address

Suburb State Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Start typing in the first box, continue typing until your address appears in the drop-down list and select from there. If you type in the second box, your answer will not be registered.

17. Electorate of project location

This response will be pre-populated based on the project location entered in Q16. Please proceed to the next question. You will not see the response until your application is saved or submitted.

18. If your project is in a park, field or oval, please tell us the name

If applicable, please tell us the name of the park, field or oval where your project will be undertaken

19. Local Government Area *

If you are unsure what Local Government Area your project is in please check against <https://roll.elections.nsw.gov.au/areafinder/lga> The drop down list includes Local Councils that are in place as at 22/05/2017.

Vehicle Purchase - Serving Electorate

You are required to provide more information on the vehicle(s) you are seeking to purchase with CBP funding.

- This is the primary electorate the vehicle(s) will be serving and funded by if successful.
- If the vehicle will be serving more than one electorate, select the electorate that will benefit most from the vehicle at Q20.
- If the vehicle will serve the same electorate as the vehicle registration address, refer to the response at Q17 and select the same electorate below.
- Evidence can include promotional brochure, service plan including map, marketing campaign, website with overview of transport services etc.

Please be accurate with your electorate selection.

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20. Serving Electorate *

Must be one of the 93 NSW electorates. If in doubt, check <https://roll.elections.nsw.gov.au/areafinder/>

21. Attach evidence of Serving Electorate *

Attach a file:

5Mb maximum file size per attachment.

Project Location Owner

Please ensure that you have read the [Program Guidelines](#) as they detail the Program's requirements.

22. Who is the owner of the project location? *

- Project location is owned or managed by Local Council
- Project location is owned or managed by Crown Land
- Project location is owned by the Department of Education
- Project location is owned by the applicant, go to Q24
- Other:

Please provide the name of the owner if 'Other' is chosen.

Owner's Consent

The relevant discussions / approvals with the property or land owner MUST have commenced before submitting your application. If your project is successful, the release of grant funds will depend on evidence of the land or property owner's consent for the approved project.

Please Note:

- If 'in principle support' from the owner is provided to apply for CBP funding, formal support for the project to proceed will be required at funding deed stage if your project is successful.
- If your grant is solely for equipment and / or vehicle purchase, owner's consent may not be required. If in doubt, contact the CBP team.

23. Do you have property or land owner's consent to deliver your project? *

- Yes, complete 23a below
- No

23a. Upload - Copy of Property Owner's Consent *

Attach a file:

If you have secured the property owner's consent to implement the project, upload a copy of that consent here. 5Mb maximum file size per attachment.

Department of Education Owned Property

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All Parents & Citizens Association applicants must consult with the principal about any proposed projects on public school grounds.

Applicants proposing projects on public school grounds must have completed the relevant Department of Education Asset Management Unit (AMU) form, signed by the principal.

For more information, refer to [Q3 of the CBP2021 Program Guidelines](#).

If your project is successful, the completed form must be submitted by the school principal to the AMU for formal approval before funding can be released.

23b. Have you obtained the Principal's signature on the relevant Department of Education form? *

- Yes

Development Consent

Before answering this question, applicants should speak with their Local Council to clarify if the project will require Development Consent to be granted.

24. Does your project require Development Consent from Local Council? *

- Yes
 No

24a. Has Development Consent been granted? *

- Yes, complete Q24b below
 No, not yet, application has been lodged and is pending Local Council determination
 Required but not yet applied

If you are unsure, please check with your Local Council. If Development Consent is required but your organisation has not applied yet, we strongly encourage that the application is lodged with your Local Council as soon as practical to ensure minimal project delays, if your project is awarded CBP funding.

24b. Upload - Copy of Development Consent granted for the project

Attach a file:

Upload a copy of your project's Development Consent from your Local Council. Do not upload documents here that are not required. 5Mb maximum file size per attachment.

Public Liability Insurance

Organisations are required to provide a valid Certificate of Currency for Public Liability Insurance with a minimum cover of \$5 million in the name of the applicant organisation before funding can be released.

25. Upload a Public Liability Insurance Certificate of Currency (PLI CoC) if you have one

Attach a file:

If successful, funding will not be released until a valid PLI CoC in the name of the applicant organisation is provided. Do not upload coverage summaries or tax invoices. 5Mb maximum file size per attachment.

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Quotes

It is preferred that at least one quote is uploaded to substantiate the funding amount requested.

Quotes should align with and substantiate information provided in the project budget.

26. Attach quote(s)

Attach a file:

Upload copies of project quotes. Do not upload documents here that are not required. 5Mb maximum file size per attachment.

Supporting Documents

27. You can attach photos or letters to support your application below

Attach a file:

Please name your attachments clearly to show whether they are photos or letters. 5Mb maximum file size per attachment.

Project Budget

* indicates a required field

Remember to SAVE your application form regularly.

To support the completion of your project budget, a completed [budget sample can be viewed here](#).

Budget

28. Total amount of grant funding requested from the CBP Program *

\$

Minimum request is \$5,000, maximum request is \$150,000. Must be a whole dollar amount. Please include the GST to be paid to suppliers/trades. Remember to include this figure in the Income Table below at Q33.

29. What is the estimated total cost of your project? *

\$

Must be a whole dollar amount

30. If you do not receive the total amount you request from CBP, is there a partial amount that would still allow you to implement some parts of your project, or the whole project on a smaller scale?

\$

Minimum request is \$5,000, maximum request must be less than amount at Q28. Based on previous years, approximately 50% of approved projects receive partial funding. If you leave this question blank

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you may miss out on getting funds for your project, as it will be assumed that you would reject an offer of partial funding.

31. What part of the project will be built, repaired or purchased if your organisation is awarded the partial funding amount specified in Q30?

Must be no more than 25 words.

Consider your project's activities and components. Can it be broken up into stages or discrete activities or parts of the work? List the part of the project that could be undertaken with the smaller grant amount, if you are awarded the partial funding amount. If your project can't be broken up into parts, please say this in the space provided.

32. Is your organisation making a cash contribution to this project? *

- Yes
 No

32a. What is your organisation's cash contribution to this project? *

\$

Remember to include this in your responses in the Income Table below at Q33. Must be a whole dollar amount.

Local Council & Section 355 Committee

Applications from Local Councils and Section 355 Committees MUST provide matched funding.

Matched funding must be in the form of cash and can be provided from council income sources or other external funding sources. Remember to include this in your response in the Income Table below.

32b. Cash contribution from Local Council & Section 355 Committee *

\$

Remember to include this in your responses in the Income Table below at Q33. Must be a whole dollar amount.

33. Income Table (Cash)

Click Add More at the bottom of the table to add additional rows if required

Income Source	Confirmed Funding?	\$ Amount
Funding sought from this program, plus details of cash income from all other sources.		Must be a whole dollar amount
Requested CBP funding as in Q28		\$
Cash from your organisation as in Q32a or Q32b		
Cash from Local Government sources		
Cash from other State Government sources		
Cash from Federal Government sources		

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Cash from other sources		
Requested CBP funding as in Q28 Cash from your organisation as in Q32a or Q32b Cash from Local Government sources Cash from other State Government sources Cash from Federal Government sources Cash from other sources		
Requested CBP funding as in Q28 Cash from your organisation as in Q32a or Q32b Cash from Local Government sources Cash from other State Government sources Cash from Federal Government sources Cash from other sources		

Total Cash Income

The amount below is calculated for you based on your responses in the Income Table (Q33) above.

Total Cash Income Amount

\$

This number/amount is calculated.

34. Expenditure Table (Cash)

List all related cash expenditure and eligible costs by line item.

You **MUST** refer to the [Program Guidelines](#) for information on what is eligible for funding. If ineligible costs are listed below, your application will not be considered.

Please Note: A maximum of 5% of grant funding may be allocated towards costs associated with the preparation and management of projects (e.g. development application, designs etc).

Total Cash Expenditure Amount should equal **Total Cash Income Amount**.

Click Add More at the bottom of the table to add additional rows if required

[Click here to see a completed budget sample.](#)

Expenditure Item Description	\$ Amount	Planned Source of Funding
Itemise project expenses below. For example: Purchase and installation of sun shade.	Must be a whole dollar amount	How will you source funds for this line item? For example: CBP funding, fundraising, own funds
	\$	

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Total Cash Expenditure

The amount below is calculated for you based on your responses in the Expenditure Table (Q34) above.

Total Cash Expenditure Amount

\$

This number/amount is calculated.

35. In-kind Contribution Table

Applicant's in-kind contribution (e.g. materials, fees and charges waiver, volunteer labour etc). Please detail the equivalent cash value of all in-kind contributions.

Click Add More at the bottom of the table to add additional rows if required

In-kind Contribution Description	\$ Equivalent Value
In-kind contribution by item	Must be a dollar amount as an equivalent value
	\$

Total In-kind Value

The amount below is calculated for you based on your responses in the In-kind Contribution Table (Q35) above.

In-kind Value - Total Equivalent

\$

This number/amount is calculated.

Project Beneficiaries, Outcomes and Objectives

* indicates a required field

Remember to SAVE your application form regularly.

Target Group or Beneficiaries

Please tell us who the project beneficiaries will be.

Select the most relevant options. Ensure that the options selected are logical and relevant to your project. If 'Other' please specify in the box provided.

36. Target group(s) or beneficiaries for the project *

- All members of the community
- Aboriginal community members
- Aged/Seniors
- Culturally and Linguistically Diverse (CALD) community members

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- Families
- Men
- Women
- People with a disability
- Refugees or newly arrived migrants
- Sporting code participants/players
- Veterans
- Children 0-11 years
- All young people in the community (between the ages of 12 and 24)
- Aboriginal young people (between the ages of 12 and 24)
- Young men only (between the ages of 12 and 24)
- Young women only (between the ages of 12 and 24)
- CALD young people (between the ages of 12 and 24)
- Young people with a disability (between the ages of 12 and 24)
- Other:

Project Outcomes

Select the options that are most relevant to your project. If 'Other' please specify in the box provided.

37. Expected outcomes of the project *

- Better facilities for sporting code participants / players
- Better facilities for volunteers
- Better utilisation of facilities
- Brings facilities up to current building code standards
- Brings facilities up to current sporting code or competition standards
- Enhanced facilities and opportunities for healthy lifestyles
- Enhanced community participation
- Expanded club membership
- Expanded facilities to cope with increased demand
- Facilities can be used during day and night
- Gives young people a place to go
- Improved access for those with a disability
- Meet expectations concerning Work Health and Safety
- More cost effective facilities
- More environmentally friendly
- Support delivery of organisation's programs and services
- Support medium to longer term employment in the community
- Other:

Addressing the CBP Objectives and Criteria

38. Describe how your project will enhance facilities for the local community. *

Word count:

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Must be no more than 100 words.

39. Describe how your project will meet community needs. *

Word count:

Must be no more than 50 words.

40. Describe how your project will increase community participation. *

Word count:

Must be no more than 100 words.

41. Describe what capacity your organisation has to deliver the proposed project.

*

Word count:

Must be no more than 100 words.

Provide track records of where you have implemented other projects successfully. You may like to include risk management plan, promotional strategies, management systems and evaluation methods used.

Conflict of Interest, Checklist and Declarations

* indicates a required field

Remember to SAVE your application form regularly.

Conflicts of Interest

All applicants **MUST** declare if they or key members of the organisation know anything that may cause the relevant MP to have an actual, perceived or potential conflict of interest when deciding whether or not to support your application.

Providing information about grounds for a conflict of interest does not generally affect a project's eligibility to receive grant funding under the CBP program. As MPs are involved in the assessment of CBP applications, it is important that all information about possible conflicts is recorded.

Examples of actual, perceived or potential conflicts of interest may include:

- financial interests, such as the MP or a member of the MP's family is a shareholder or member of the applicant's organisation, or is a landlord of the applicant's premises
- the MP or a member of the MP's family is a member of the applicant's governing board or committee
- a member of the MP's family is enrolled at the applicant school, or is a member of the applicant sporting club or religious organisation

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- key members of the applicant organisation have worked with the MP on a local political or election campaign
- any other relationship that the applicant or members of the applicant's organisation have with the MP, or have had in the past, that might appear to a bystander to have the capacity to influence the MP's decision.

Declaring a Conflict of Interest *

- On behalf of my organisation and its key members, I confirm that we DO NOT have a conflict of interest with the relevant State Member of Parliament
- On behalf of my organisation and / or its key members, I confirm that we DO have a conflict of interest with the relevant State Member of Parliament

Describe the Conflict of Interest (actual or perceived), your organisation and / or its key members may have: *

Word count:

Must be no more than 50 words. Please provide details of the real or perceived conflict of interest with the State Member of Parliament.

Checklist

By completing the below checklist you confirm that you have undertaken the below actions and confirm responsibility.

Application Checklist *

- I have read the Program Guidelines and understand that if successful in securing a grant, the project MUST be completed by 31 March 2023
- I have done my best to obtain any necessary property owner's consents prior to submitting this application
- I have proofread and reviewed this application and checked the project budget for accuracy. (If submitting an application on behalf of a Local Council or its Section 355 Committee, the source of cash matching funds has been identified and listed in the budget income table)
- I have declared any real or perceived conflicts of interest relating to the applicant organisation, this project and the relevant State Member of Parliament involved in the assessment of this application
- I have uploaded all relevant attachments to this application
- I declare that the scope of works proposed in this application has not been funded by the CBP Program, at this location, in the last three years
- I understand it is the applicant organisation's responsibility to submit all documents regarding this application online in SmartyGrants if successful
- I understand it is the applicant organisation's responsibility to ensure that appropriate insurance coverage for the organisation's and project's activities is in place
- I understand it is the applicant organisation's responsibility to obtain any necessary planning advice or approvals for the project from relevant planning authorities
- I understand it is the applicant organisation's responsibility to advise CBP of any changes of contact details
- I understand it is the applicant organisation's responsibility to provide correct information and if I have provided any incorrect information, or I am found at any time to

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have not adhered to the conditions surrounding this application, the CBP Program reserves the right to withdraw any funding offer made

All 11 declarations above must be selected.

Disclaimer

Submission of an application does not guarantee funding. Any costs associated with preparing information to submit an application is borne by the applicant. The grant giving agency reserves the right to withdraw funding at any time, particularly if any information provided in this application is found to be false. Applicants should ensure that they have read all relevant program materials in order to be fully informed about the program's requirements.

Privacy Notice

The Department of Communities and Justice is requesting this information from you on behalf of the Department of Premier and Cabinet, so that we can assess your application for the Community Building Partnership Program ('the Program') as well as to generally administer the Program. In addition, the information contained in your application may be used for:

- research or marketing purposes
- developing the scope of, and policies and frameworks for, future grant programs
- assessing applications made to other NSW Government grants programs
- administering other NSW Government grants programs

For these purposes, the Department of Communities and Justice may provide this information about you to other Government agencies, Members of Parliament and other relevant third-parties such as consultants engaged to review or assess applications. Public announcement of successful applications will be made and may include the disclosure of personal information contained in an application.

The person who makes an application that contains personal information is responsible for obtaining the consent of the person whom that information is about and making them aware of the content of this privacy notice.

The Department of Communities and Justice will not disclose your personal information to anybody else unless we are required to do so by law – for example if the information is needed in an emergency or for a law enforcement purpose. Information you provide may be provided where the Department of Communities and Justice is authorized or compelled to do so, for example, in response to an access request under the *Government Information (Public Access) Act 2009*.

Providing us with the requested information is not required by law. However if you choose not to provide us with the requested information, the Department of Communities and Justice will not be in a position to consider the application further.

Any person may request access to their personal information that is held by the Department of Communities and Justice at any time. To access or update your personal information, or for more information on our privacy obligations, contact the Department of Communities and Justice.

The Department of Communities and Justice will handle and store your personal information in accordance with its Privacy Management Plan and the [Privacy and Personal Information Protection Act 1998 \(NSW\)](#).

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Should this project be successful, the following information will be made public: the name of the organisation (applicant), project title, project description, location of the project and the amount awarded to the project.

Feedback

Please take a moment to provide us with some feedback about your experience using this online form so we can improve our processes for future grant rounds. Your responses to these questions will not affect the outcome of your application.

Is this the first time your organisation has applied for a Community Building Partnership grant? *

- Yes
- No

How was your experience filling this application form?

- Very easy and simple to follow
- Somewhat easy and simple to follow
- Somewhat difficult to follow
- Very difficult to follow

How much time did you spend on this application?

- 0 - 2 hours
- 2 - 5 hours
- 5 - 10 hours
- 10 - 20 hours
- Over 20 hours

How did you find out about this Community Building Partnership?

- Member of Parliament, state or federal
- Media e.g. local radio, newspaper
- Social media e.g. facebook
- Word of mouth
- Other grant programs
- Previous CBP applicants
- Other:

Applicant's Declaration

I declare that all information provided as part of this application including the attachments is true and correct, and that I am authorised to submit this application to the Community Building Partnership Program on behalf of the organisation making this application.

I understand that this application is made subject to the disclaimer and privacy notice included in the Community Building Partnership Program Guidelines and that information in the application may be disclosed to other government agencies and their staff, reviewers and assessors. Information collected through the Community Building Partnership Program may be used for the promotion of the Program as well as other Government initiatives.

Declaration Agreement *

- I agree with the above applicant declaration

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Authorised person submitting application *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position of person submitting application *

Registered name of the Applicant Organisation *

Must be the same as Q4. This name must be consistent with your entity name on the Australian Business Number (ABN) Register or the association name on your Incorporation Registration if you do not have an ABN