



## CITY OF LITHGOW COUNCIL

180 Mort Street, Lithgow NSW 2790

Phone: 02 63521077

FAX 02 63514259

Email: glcc@lithgow.nsw.gov.au

# FINANCIAL ASSISTANCE APPLICATION

## APPLICATION FOR FUNDING BY COUNCIL UNDER SECTION 356 OF THE LOCAL GOVERNMENT ACT 1993

In order to apply for financial assistance from Council the following information must be provided to allow your application to be processed. Individual sporting persons or sporting groups must make application through their local governing body. Financial Assistance is only available to individuals or community groups residing within Council's local government area.

- Organisation and purpose
- Funds required (cash or in kind)
- Projects to be undertaken, detailing community benefits
- Budget documents (projected expenditure and income for the current period)
- Financial position (copy of last audited financial result)

Applicant / Recipient Organisation:

\_\_\_\_\_

Contact:

Phone:

Fax:

Email:

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ABN :

\_\_\_\_\_

Is your organisation registered for GST? \_\_\_\_\_ Yes \_\_\_\_\_ No (Refer Note)

Amount of funding requested: \$\_\_\_\_\_ (Including GST / Excluding GST)

### **IMPORTANT PLEASE NOTE:**

If your organisation has an ABN & is registered for GST then Council **MUST RECEIVE A TAX INVOICE PRIOR TO PAYMENT** being made. The invoice must be for the grossed up amount inclusive of the GST component.



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### 1. PURPOSE FOR COUNCIL ASSISTANCE: \_\_\_\_\_

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### 2. FINANCIAL DETAILS

a) \_\_\_\_\_ of the **Event/Activity/Purpose** for which the Financial Assistance will apply:

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**BUDGET:**

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**EXPENSES:**

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**INCOME:**

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- b) of the **Individual / Organisation:**  
(NOTE: Audited Balance Sheets and Profit and Loss Statements must be attached for the past financial year. If a new organisation please supply a copy of the budget for the ensuring year, together with a statement from the organisations bank showing bank account details.

**Failure to submit financial information may result in the rejection of this application.**

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### ASSETS:

#### PHYSICAL

_____	_____
_____	_____
_____	_____

#### LIQUID

_____	_____
_____	_____
_____	_____

#### LIABILITIES

_____	_____
_____	_____
_____	_____

3. **DETAILS OF OFFICER BEARERS ETC**  
**(President, Secretary, Treasurer, Committee Members)**

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#### 4. **ROLE IN THE COMMUNITY**

In a few words, explain the nature of your interest/organisation; your role and purpose in the community, and plans for the future;

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I/We undertake to apply for financial assistance received from Council entirely for the purpose indicated above. I/We will provide appropriate acknowledgment of Council's assistance. I/We understand the purpose and intent of Council's Financial Assistance Policy.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE.**

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. We will take reasonable care not to disclose personal information.

Exempt documents may come under Section 12 of the Local Government Act.