

# Community Recovery funding request

## 2019/20 Blue Mountains Bushfire Recovery

Blue Mountains City Council is offering grants up to \$7000 to fund the development of community-led projects that aid social and environmental recovery and support communities to build disaster resilience. Activities should be targeted at a whole-of-community level and benefit many people and/or the environment, including wildlife. Applications that include contributions of funds or in-kind will be looked upon favourably. Communities directly impacted by the 2019/20 bushfires are encouraged to apply.

### Project outcomes could include:

- Initiatives that support social, economic, and environmental recovery.
- Build emergency preparedness and improved community disaster resilience, in particular for members of the community at greater risk.
- Promote social connection and support community health and wellbeing.

Applicants must be a local group or organisation with local presence OR auspiced by a local organisation.

### Applications close Saturday 15 May, 2021.

All applications will be assessed by an independent sub-group of the health and wellbeing committee. Applicants will be notified of their outcome by May 30, 2021.

This funding has been made available through the State's Government Bushfire Recovery and Resilience Fund.

### Need help with your application?

If you are considering putting in a grant application, please contact Rebecca Evers to discuss your project outline before proceeding with drafting your application.

### How to submit your application

Please email your application to: **council@bmcc.nsw.gov.au**. Please include 'Bushfire Recovery and Resilience fund' in the subject line.

### For more information:

Rebecca Evers 0439 620 163 or email [revers@bmcc.nsw.gov.au](mailto:revers@bmcc.nsw.gov.au)

*Supporting our community to recover*



# Application for Community Recovery Funding Request



22 March 2021 - 21 May 2021

## Part 1. Applicant details

Name *(person completing this application form)*

Is the applicant an employee, member or volunteer of your organisation?

Yes No

Name of organisation auspicing / group *(if applicable)*

ABN

Street address

Postal address *(if different to above)*

Contact name

Email address

Contact number

Alternate contact number

Is your organisation a Tax Concession Charity (TCC)?

Yes No

Is your organisation registered for GST?

Yes No

Does your organisation have Deductible Gift Recipient (DGR) status?

Yes No

A copy of our 'Certificate of Currency - Public Liability Insurance' is attached

Yes No

## Part 2. Bank details

Account Name

Financial institution name

BSB number

Account Number

**Please email all applications to:**

[council@bmcc.nsw.gov.au](mailto:council@bmcc.nsw.gov.au) with the subject line 'Bushfire Recovery and Resilience fund'.

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Please note the fillable boxes below are multiline and scrollable to accommodate all of your text. If further space is required please attach additional pages.

## **3. Project brief** *Eg. Outline of the project activities.*

## **4. Project outcomes** *Eg. How will the community benefit from this project?*

## **5. Resourcing/budget requirements** *Eg. What funding and what staff resourcing do you need? Provide a budget outline incl. any in-kind or other contributions to your project.*

## **6. Timeframe** *Eg. Commencement, significant stages and project completion.*

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## 7. Evaluation plan *Eg. How are you going to measure the success of the project?*

## 8. Appendices attached *Please include here or attach any other useful or applicable information.*

## Part 9. Declaration

### I declare that I am currently authorised to sign legal documents on behalf of the organisation:

- I declare that the information in this Grant Application is true and correct.
- I understand that the decision made by BMCC regarding this Grant Application is final, that this Grant Application does not constitute a formal offer and that no legal obligations shall arise unless and until a contract is signed by both parties.
- I understand that if my organisation is successful in this grant application, it will be subject to the terms and conditions in the Grant Agreement.

Name of Authorised Representative

Position of Authorised Representative

Signature of Authorised Representative

|                  |  |             |  |
|------------------|--|-------------|--|
| <b>Signature</b> |  | <b>Date</b> |  |
|------------------|--|-------------|--|

Please ensure all required information on this form is **FULLY COMPLETED** and return to Council in one of the following ways:  
**EMAIL** click the submit button | **POST** to Locked Bag 1005, Katoomba, 2780 | **HAND DELIVER** to Council's Katoomba or Springwood Office.

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