

# 2024/25 – Thriving Communities Grant - Round One.

## Form Preview

### Thriving Communities Grant

The Thriving Communities Grant funds organisations and community groups to deliver activities that contribute to creating a healthy, connected, and safe Penrith community. This grant is open twice a year – see [penrith.city/grants](https://penrith.city/grants) for relevant dates.

All proposed activities must align with principles of access, inclusion, and equity.

We encourage applications from First Nations groups and organisations, and those that support and celebrate First Nations individuals, communities and culture in Penrith.

Before completing the application form, please ensure you read the [Guidelines](#) in full. Should you have any questions or require assistance, please contact the Community Capacity team 02 4732 7777 or [community.capacity@penrith.city](mailto:community.capacity@penrith.city)

### Applicant Details

\* indicates a required field

#### **Name of Organisation or Community Group \***

Organisation Name

#### **Branch Name (if applicable)**

Organisation Name

#### **Contact Address \***

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

#### **If your service is located outside of Penrith LGA, please demonstrate your connection to Penrith e.g., what services do you provide in Penrith?**

This question is for services located outside of Penrith LGA only. Applicants located outside of Penrith LGA must demonstrate how their service benefits Penrith residents. Failure to respond to this question could make your application ineligible for assessment.

#### **Name of Contact Person \***

Title

First Name

Last Name

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Who can Council contact regarding the application?

### Position \*

Job title/position of contact person.

### Email Address \*

Must be an email address.  
Primary contact.

### Contact Number \*

Must be an Australian phone number.  
Primary contact. If providing a landline number be sure to include area code e.g., (02) 4732 7777.

## Organisation Details

\* indicates a required field

### In order to be eligible, please confirm the applicant \*

- Is not a school or other government agency. However, groups associated with schools for example Parent & Friend Committees are eligible to apply.
- Does not have overdue progress or acquittal reports for previous Penrith City Council grants.
- Does not have outstanding debt with Penrith City Council.
- Is not submitting more than 2 grant applications in this grant round.

At least 4 choices must be selected.

### Organisation Type \*

- Organisation
- Community Group
- Other

### Is your organisation/community group a registered not-for-profit with NSW Fair Trading or ASIC? \*

- Yes
- No

ABN

### Applicant 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

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Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <a href="#">More information</a>
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

## Auspice Details

As you are not a registered not-for-profit with NSW Fair Trading or ASIC you are required to have an auspice organisation.

Please provide details of your not-for-profit auspice organisation. If you require assistance to find an auspice organisation please get in touch with the Community Capacity team 4732 7777 or [community.capacity@penrith.city](mailto:community.capacity@penrith.city)

### **Auspice \***

Organisation Name

Name of Auspice Organisation.

### **Auspice 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 <a href="#">More information</a>
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

### **Contact Person \***

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Provide details of the contact person at the auspice organisation.

### **Auspice Address \***

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

### **Auspice Contact Phone Number \***

Must be an Australian phone number.

Primary contact. If providing a landline number be sure to include area code e.g., (02) 4732 7777.

### **Auspice Contact Email \***

Must be an email address.

### **Evidence of Auspice \***

Attach a file:

Please provide evidence of auspice agreement.

## Funding Requirements

\* indicates a required field

### Acknowledgement

By continuing with this application you acknowledge that the applicant is:

- willing and able to acquire and demonstrate evidence of all required insurance, licenses and approvals.
- willing to enter into an agreement with Penrith City Council and be solely responsible for the delivery of the activity and expenditure of funds.

### Ineligible Activities

#### **Funds cannot be used for any of the following activities:**

- reimbursements for activities already undertaken.
- operating costs associated with running an organisation e.g. salaries and office or computer equipment.
- activities with the sole purpose of fundraising.
- activities and events that duplicate existing activities of Penrith City Council.
- activities previously funded through other Penrith City Council funds.

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**Will funds be used for any of the above activities? \***

- Yes
- No

If you are unsure, please contact Penrith City Council before continuing.

## Multiple Applications

**Have you submitted, or do you plan to submit, another application for this grant in this grant round? \***

- Yes
- No

Applicants may submit two applications per grant round.

## Previous Grant Funding

**Have you previously received funding from Penrith City Council? \***

- Yes
- No

**Do you have any outstanding reports and/or money with Penrith City Council as a result of previous funding? \***

- Yes
- No

**Have you already received a Penrith City Council grant for the proposed activity? \***

- Yes
- No

You may only receive one Penrith City Council grant for any activity. Applications for activities will be considered different for change of location or focus community.

## Funding Request

\* indicates a required field

## Funding Amount

**Are you seeking? \***

- Tier one funding – sole application (up to \$2,500)
- Tier two funding – partnerships (up to \$5,000)

## Partnership Details

Please provide details of the organisation or group you are entering into a partnership with.

**Partner \***

Organisation Name

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### Partner 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Partner Contact Address \*

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

### Partner Contact Email \*

Must be an email address.

### Please provide evidence of partnership. \*

Attach a file:

### Outline how the partnership will benefit the proposed activity. \*

Word count:

Must be no more than 200 words.

## Activity Details

\* indicates a required field

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## Activity Title \*

## Short Activity Description \*

Word count:

Must be no more than 200 words.

Provide a short description of your proposed activity.

## Activity Start Date \*

Must be a date and between 1/5/2025 and 31/5/2026.

## Activity End Date \*

Must be a date and no later than 31/5/2026.

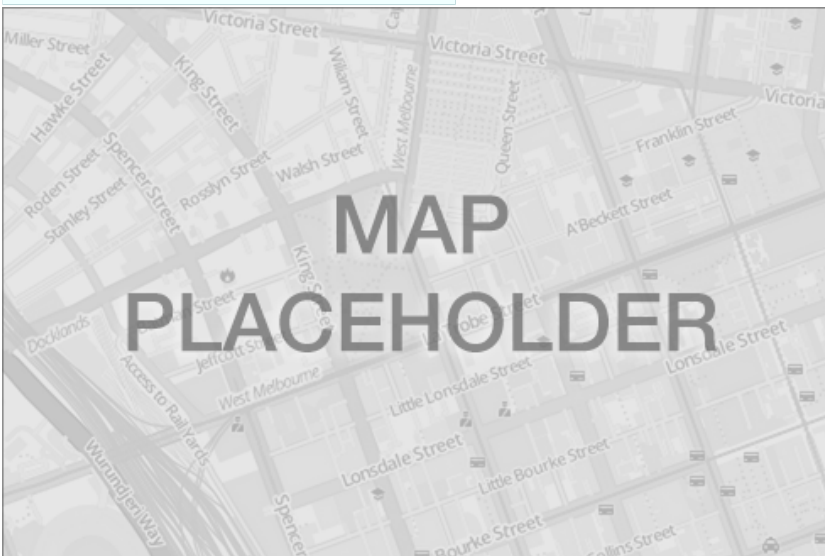
Please note that the proposed activity must end within 12 months of the funding agreement.

## Additional Comments

This space can be used to provide further details on activity dates e.g., multiple workshops, unconfirmed date, etc

## Where will the proposed activity take place? \*

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

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**If your proposed activity will take place in more than one location, please provide details.**

**Name of Venue/s \***

E.g., Jamison Park, Jordan Springs Community Centre, etc

**Which of the following best describes your proposed activity? \***

- An activity that is delivered once or reoccurs within the defined period of the grant.
- Capacity building activities e.g. workshops and training opportunities.
- Purchase of equipment which supports proposed activities
- Activities that support communications and promotion of new initiatives.

Select one only.

**Which of the following best describes your proposed activity's objective/s? \***

- respond to emerging challenges within the community and community aspirations (also known as funding priorities).
- provide opportunities for the community to lead and be involved in community-led activities.
- provide opportunities for community organisations and groups to engage in capacity building activities.
- encourage community organisations and groups to collaborate to respond to the diverse needs of the community.
- respond to the needs of community members experiencing intersectional inequality.

No more than 3 choices may be selected.

Proposed activities must meet one or more of the objectives. All proposed activities must align with principles of access, inclusion, and equity.

**How will your proposed activity meet this objective/s? \***

Word count:

Must be no more than 300 words.

**Why is the proposed activity needed? What evidence do you have to support this? \***

Word count:

Must be no more than 200 words.

**Who is the focus community of your proposed activity? \***

- |  |  |
|--|--|
| <input type="checkbox"/> Children                              | <input type="checkbox"/> Socio-economically disadvantaged                |
| <input type="checkbox"/> Young people                          | <input type="checkbox"/> First Nations                                   |
| <input type="checkbox"/> Families                              | <input type="checkbox"/> Women   |
| <input type="checkbox"/> Seniors                               | <input type="checkbox"/> LGBTQI+   |
| <input type="checkbox"/> Culturally and linguistically diverse | <input type="checkbox"/> Local community (suburb, village, street, etc.) |
| <input type="checkbox"/> People with disability                | <input type="checkbox"/> Other: <input type="text"/>                     |



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No more than 3 choices may be selected.

**How does your proposed activity address the specific needs of your focus community? \***

Word count:

Must be no more than 200 words.

**How many people do you anticipate will benefit as a result of your proposed activity? \***

Must be a number.

Note more people does not lead to better outcomes.

## Outcome and Evaluation

\* indicates a required field

An outcome is a specific and measurable short-term effect. It is the changes and benefits - the step-changes to achieve an ultimate goal.

Should your application be successful, you will be required to report on the outcome/s in your acquittal.

Focusing on one intended outcome enables us to design our activity around the priority that we especially want to achieve. It is likely that over the course of delivering the activity, there will also be unexpected outcomes. This is great and valuable and can still be measured and discussed at the end of the activity. Designing an activity around too many outcomes can over-complicate things and/or dilute its focus.

The more evaluations you receive the better you can determine the success of your activity.

## Proposed Outcomes

**What is the primary anticipated outcome for your proposed activity? \***

- Wellbeing (physical and/or mental) improved
- Sense of safety and security increased
- Social connectedness enhanced
- Social differences bridged
- Feeling valued experienced
- Building capacity
- Increased access to beneficial networks and other resources
- Agency and/or voice is enabled

Select one social outcome to measure at the completion of your proposed activity.

**How will you measure this outcome? \***

- Structured interview: directly asking structured outcome questions
- Unstructured interview: storytelling about most significant change
- Questionnaire: written survey

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- Focus group: a sample group to conduct in depth interview with
- Intercept survey: short interventions often in public spaces
- Observation: a statement based on something one has seen, heard or noticed
- Other:

What method/s of engagement will best suit the activity, participants, and your resources?

### Who will you ask to provide this information? \*

- Participants
- A proxy (people with knowledge of the participants i.e., parents, carers)
- An expert, staff or facilitator (people with knowledge about the activity type and intended outcomes)
- Other:

## Activity Budget

\* indicates a required field

### How much funding are you seeking from Penrith City Council? \*

Must be a dollar amount.

## Sample Budget

Clear budgets help the grant assessors understand what you will be spending money on. Treat your budget as a roadmap for managing funds. Budgets should not be rushed and should match the proposal you have outlined in your grant application.

For budget support and other useful resources, see the 'Useful Resources' [\[hyperlink\]](#) section of the Penrith City Council grants webpage.

### Income Item

#### Income Amount

#### Expense Item

(specify quantity)

#### Cost per Unit

#### Expense Amount

(attach quote if applicable)

Penrith City Council Grant

\$1910

Advertising – local newspaper ad x2 (¼ page)

\$250

\$500

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(quote attached)

In-Kind Support

\$800

Advertising – flyers A4 design and printing x 50

\$4

\$200

Workbooks for participants x 25

\$6

\$150

### Budget

Please provide all values excluding GST.

Income Item	Income Amount (\$)	Expense Item	Cost per Unit (\$)	Expense Amount (\$)
	Please include the amount of funding you are applying for. Must be a dollar amount.	Specify Quantity		Attach quote if possible. Must be a dollar amount.

### Budget Totals

**Total Income Amount \***

This number/amount is calculated.

**Total Expenditure Amount \***

This number/amount is calculated.  
Exclude GST\*

### File Upload

**Provide any quotes or information to support budget.**

Attach a file:

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### Participant Cost

**If your proposed activity involves participants, will there be any costs associated for participants? \***

- Yes
- No
- N/A if no participants

Will people need to pay to be part of your activity? Council supports no or low-cost activities for equity and inclusion.

**If yes, please provide the amount (\$). \***

Must be a number.

### Partial Funding

**If your proposed activity only received part of the requested funding, could your activity still go ahead in some capacity? \***

- Yes
- No

Sometimes Council is not able to provide all applicants with the full amount of funding requested. Please detail if your proposed activity could proceed with partial funding.

**Minimum amount required for your proposed activity to go ahead (\$). \***

Must be a number.

**Please provide a short overview of how your proposed activity would change if you received partial funding. \***

### Payment Details

\* indicates a required field

If application is successful, the details provided in the section below are required for payment of funds. Should you have an auspice, answer questions with auspice details.

Please note, Council is not liable for lost payment due to incorrect details.

Council standard payments terms are 30 days from funding approval subject to all paperwork being filled out correctly and EFTSURE performing mandatory check with the company prior to being registered with Council as a supplier. Remittance advice will be emailed to the email address provided when the payment has been made.

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### Bank Account \*

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

If an auspice is engaged, details for auspice should be provided.

## Supporting Documentation & Declaration

\* indicates a required field

### Supporting Documentation

Attach a file:

Refer to Guidelines for supporting document requirements. PLI is mandatory for all successful applicants.

### Declaration

I declare that:

- The information contained in this application is true and correct.
- I am an authorised representative of the applicant, legally empowered to enter into contracts and commitments on behalf of the applicant.
- I have read, understood and agree on behalf of the applicant to abide with the Thriving Communities Grant guidelines.
- I am authorised by the applicant to submit this application.
- I give consent to Penrith City Council to make public the details of the applicant and the funding received, should this application be successful.

**I understand and agree to the declaration above \***

Yes

No

**Full Name \***

**Position \***

**Application Date \***

Must be a date.

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### Survey

\* indicates a required field

How satisfied are you with the following:

1 = not at all satisfied, 5 = very satisfied

**Information about grants e.g. grants webpage, grant guidelines etc. \***

- 1       2       3       4       5

**Community Funding Program \***

- 1       2       3       4       5

Grants on offer.

**Application Form \***

- 1       2       3       4       5

**Did you attend a grants writing workshop offered by Council? \***

- Yes  
 No

**Did you discuss your idea with a Council officer? \***

- Yes  
 No

**How satisfied were you with the support from the Council Officer? \***

- N/A       1       2       3       4       5

**How did you hear about Penrith City Council's grants? \***

- Council website  
 Network/Interagency  
 Word of mouth  
 Social media

Select one only.

**Would you apply for another Penrith City Council grant? \***

- Yes  
 No

**Do you wish to receive email correspondence on Council matters which may or may not include grants? \***

- Yes  
 No

**Additional Comments**

## Please Contact Council

\* indicates a required field

**Based on your answers to previous questions you are not eligible to apply for this grant or your proposed activity is ineligible. Please get in touch with Penrith City Council to discuss your applicant type and/or proposed activity. Community Capacity team 4732 7777 or [community.capacity@penrith.city](mailto:community.capacity@penrith.city) \***