

## Eligibility

\* indicates a required field

### About the Community and Small Business CCTV Fund

The Community and Small Business CCTV Fund was established by the NSW Government in February 2019. The purpose of the Fund is to directly support not-for-profit community and small business organisations install CCTV cameras at their operational premises by providing up to \$5,000 in funding.

#### Intended Outcomes

The program's intended outcomes are to:

- Support community organisations and small businesses to implement CCTV security measures at their premises
- Provide a deterrent for potential offenders contemplating criminal offences
- Provide NSW Police Force with access to CCTV data for law enforcement purposes.

#### Eligible Local Government Areas

The program is voluntary and available to community groups and small businesses in the following ten local government areas:

- Blacktown
- Cumberland
- Penrith; and
- Camden
- Fairfield
- Wollondilly
- Campbelltown
- Liverpool
- Canterbury-Bankstown
- Parramatta

If your business falls outside these local government areas, you are not eligible to apply for this program. The program will be assessed later for expansion to other areas of NSW.

#### Installations

The CCTV Fund does NOT offer rebates or reimbursements for installed systems.

Installation work is carried out by a CCTV supplier prequalified and approved by DCJ.

Applicants: please note

#### Completing this form

Please read the accompanying [Program Guidelines](#) before filling out this application.

The Application Form will help you prepare your written application and ensure all the required information and supporting documents are included with your application.

# CCTV Fund - Dec 2021

## Form Preview

This application form contains the following:

- Part A - Eligibility
- Part B - Applicant information
- Part C - Premises and Crime or Community Safety Issue
- Part D - Supporting documentation
- Part E - Contact details
- Part F - Applicant declaration

### Disclosure of information

The NSW Government's use and disclosure of your information (provided in this application or otherwise) is set out in the Program Guidelines.

### Getting help

If you require assistance completing this application form, or have any queries about the eligibility of your project or the information and supporting documents required to support your written application, please contact the Department of Communities and Justice at [cctv@dcj.nsw.gov.au](mailto:cctv@dcj.nsw.gov.au)

## Eligible entities and activities

**Is your organisation (a) An incorporated not-for-profit community organisation OR (b) A small business (defined as a registered ABN with annual revenue less than \$10 million OR less than 20 full time equivalent employees? \***

- Yes  
 No

**Do you have authority to apply for installation of CCTV at your nominated premises? \***

- Yes  
 No

Applications must demonstrate tenure over land and building by providing evidence of one of the following: # ownership of the land, premises or facility; # being a trustee, having the care, control and management of the land, premises or facility; or # possession of an instrument of tenure for the land, premises or facility, e.g. a lease, a licence or user agreement, and possession of written approval from the owner allowing the applicant to undertake the proposed works. You are ineligible if your business is home-based, unincorporated entity, outside the LGAs listed above, located in a large shopping complex or industrial area

**Is your organisation premises located within one of the following local government areas? # Blacktown # Cumberland # Penrith; and # Camden # Fairfield # Wollondilly # Campbelltown # Liverpool # Canterbury-Bankstown # Parramatta \***

- Yes  
 No

## Eligibility met

If you answered 'yes' to all of the questions above you are **eligible** to apply for this program.

If you answered 'no' to any of the questions above, you are **ineligible** to apply for this program.

**I have answered yes to all 3 of the eligibility requirements listed above: \***

Yes

No

### Ineligible notification

Because you answered "no" to one of the eligibility questions, you are **ineligible** for the CCTV Fund.

The remainder of the application pages have been inactivated.

## Contact Details

\* indicates a required field

### Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

We will only provide your personal information for purposes related to assessment of the application and installation of the CCTV system.

### Applicant Organisation Details

**Applicant organisation name \***

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

**Applicant Primary Address (where system will be installed)**

Address

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### Applicant Postal Address

Address

  

### Applicant website

Must be a URL

### Primary contact person \*

Title      First Name      Last Name

            

This is the person we will correspond with about this grant

### Position held in organisation \*

e.g. Manager, Board Member, Fundraising Coordinator

### Primary phone number \*

### Back-up phone number

### Primary contact person's email address \*

This is the address we will use to correspond with you about this grant.

### Organisation

\* indicates a required field

#### What type of entity is your organisation \*

An Australian registered small business (with a turnover of less than \$10 million OR less than 20 full time equivalent employees)

An incorporated not for profit organisation (community organisation)

If you are a community organisation, you must be able to demonstrate your not-for-profit status by  
a) currently registered on the Australian Charities and Not-for-profits Commission (ACNC). ACNC Registration number:  
(b) currently registered on a state or territory incorporated association register  
Registration number:  
(c) other evidence such as constitutional documents or articles of association  
If you select 'other evidence' we may request these documents from you. Religious or faith-based institution

#### Is your organisation premises located within one of the following local government areas ? \*

- Blacktown
- Camden
- Campbelltown
- Canterbury-Bankstown
- Cumberland
- Fairfield
- Liverpool
- Penrith
- Wollondilly
- Parramatta

### Applicant details

#### 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.

**Australian Company Number (ACN) (If applicable)**

**Legal/ registered entity name**

**Business/ trading name**

Your organisation may have registered one or more business names. If you operate under a business or trading name enter these names here.

**GST registered?**

- Yes

**Latest Financial year figures**

**Has the applicant organisation existed for a complete (12 month) financial year period ?**

- Yes  
 No

You must provide a supporting financial statement/report for the previous/latest financial year or if your organisation existed less than 12 months, a Quarterly or the latest financial statement/report.

**Sales Revenue per annum**

**Number of employees (both full time employees and contractors), including working proprietors and salaried directors (headcount)**

Must be a number.

**Please provide a link to or attach a copy of your most recent Financial Statement.**

May include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position.

If you do not have this available at this time, you can save your application and upload this when available. You will not be able to submit your application.

**Upload files \***

Attach a file:

**Ultimate Holding Company**

**Does your organisation have an Ultimate Holding Company?**

- Yes  
 No

**Legal/ registered entity name of Ultimate Holding Company and ABN (if applicable)**

**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.

## C. Premises and Crime or Community Safety Issue

\* indicates a required field

**Description of your business or community organisation**

Please provide a brief description of the nature of your organisation/business, the customers served and description of the operational premises where the CCTV will be installed.

**Description of your premises including area and surrounding environment**

eg building type, land use zone, floor area and primary use eg retail shop / sports ground / clubhouse / community centre or hall / library / childcare

### Crime prevention or community safety issue

**What are the identified crime or community safety issues at your premises?**

**Did you report this incident of crime?**

- Yes
- No

**Evidence of crime issues**

Attach a file:

Attach here any evidence to support your identified crime or community safety issue. Your application is likely to be more competitive if you attach evidence to support your claims.

## CCTV requirements

**Please outline your CCTV requirements in relation to the description the description of your building premises.**

As an example this would include the proposed CCTV camera locations in relation to building entry and exit doors, service counter and stock storage area. Only preliminary information is required.

## Existing CCTV system

**Does your organisation have an existing CCTV system?**

- Yes
- no

**If 'yes' please provide basic details (as known) regarding key components - cameras, data storage arrangements, system brand name / model.**

## Authority to install

**Are you the tenant or owner of the premise? \***

- Tenant
- Owner

Please attach supporting documents below. For owners eg. council rate or Title Deed. For tenants - tenancy agreement AND letter/email from Landlord or real estate property manager.

**Evidence of authority to install \***

Attach a file:

Tenants - letter from Landlord or real estate property manager AND tenanIf you do not have relevant documents at this time, please save your application and continue when you are able to upload the



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documents. Your application will not be able to be submitted without required documents. If you are unsure of what to provide, please contact the CCTV team on [cctv@justice.nsw.gov.au](mailto:cctv@justice.nsw.gov.au)

### Conflicts of interest

**Do you have any perceived or existing conflicts of interest to declare?**

- Yes  
 No

**If 'yes', describe the perceived or existing conflict/s of interest and how you anticipate managing them.**

### Certification and Feedback

\* indicates a required field

#### Applicant declaration

I declare that I have read and understood the Program Guidelines, including the privacy, confidentiality and disclosure provisions.

I declare that the proposed project outlined in this application and any associated expenditure has been endorsed by the applicant's Board or person with authority to commit the applicant to this project. I declare that the applicant will comply with, and require that its subcontractors and independent contractors comply with, all applicable laws.

I declare that the information contained in this application together with any statement provided is, to the best of my knowledge, accurate, complete and not misleading and that I understand that giving of false or misleading information is a serious offence.

I acknowledge that I may be requested to provide further clarification or documentation to verify the information supplied in this form and that the Department may, during the application process, consult with other government agencies about the applicant's claims and information provided in the application.

I understand that I am responsible for ensuring that I have met relevant state obligations related to working with children, and that any person that has direct, unsupervised contact with children as part of a project under this Fund, has undertaken and passed, a working with children check, if required under relevant state or territory legislation. I am also responsible for assessing the suitability of people I engage in this project to ensure children are kept safe.

I acknowledge that if the Department is satisfied that any statement made in an application is incorrect, incomplete, false or misleading the Department may, at its absolute discretion, take appropriate action. This may include excluding an application from further consideration; withdrawing an offer of funding; using the information contained in the application for a fraud investigation and/or terminating any funding Agreement between the Department and the recipient including recovering funds already paid.

I agree to participate in the periodic evaluation of the program undertaken by the Department.

I declare that I am authorised to complete this form and acknowledge that by including my name in this application I am deemed to have signed this application.

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**I agree to all of the above declarations and confirm all of the above statements to be true \***

Yes

No

### Signature

**Name of authorised person \***

Title

First Name

Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be a senior staff member, board member or appropriately authorised volunteer

**I am a Sole Director \***

Yes

No

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

### Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**Where did you hear about the CCTV grant?**

**Please indicate how you found the online application process:**

Very easy

Easy

Neutral

Difficult

Very difficult

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

