



COMMUNITY FUNDING  
Application Form  
2019/2020

Organisation: \_\_\_\_\_

Project Title: \_\_\_\_\_

Providing the opportunity for community organisations to apply for grant funding to support local events, activities and projects.

# Steps in the Community Grant Funding Process





# COMMUNITY FUNDING

## Guidelines 2019-2020

### Community Funding

This is a broad-based funding program for grants to support community-based activities. The focus of the program is for community driven events, projects and other initiatives that demonstrate community engagement. Funding is available for activities taking place from 1 July 2019 to 30 June 2020.

Before submitting an application for funding, you must discuss your proposed activity with our Community Services Officer.

To discuss your project, or for other enquiries about Community Funding, please contact Cheryl Chappell, Community Services Officer on 9890 2500 or by email [shire@lakegrace.wa.gov](mailto:shire@lakegrace.wa.gov).

### Who Can Apply?

#### Eligible

- Community funding is available to not-for-profit and incorporated community organisations based in the Shire of Lake Grace, or which have a demonstrated, principal interest in the Shire.
- Unincorporated organisations may seek the services of an incorporated body (sponsor) to auspice the activity on their behalf. The sponsor will be required to accept legal and financial responsibility for delivering the activity.
- Individuals will only be considered for funding if they are residents of the shire and have a sponsoring, incorporated community group prepared to auspice the funds on their behalf and they can demonstrate specific benefits to the community in the Shire of Lake Grace.

#### Ineligible

- State and Federal Government agencies, incorporated associations whose members derive individual benefit or financial return from their activities.

#### Priorities

The Lake Grace Community Strategic Community Plan will influence how the Shire Councillors will access the eligibility of any funding application. Projects aligned with the Strategic Community Plan 2017 - 2027

**Economic** A prosperous agricultural based economy, supporting diversification of industry

Outcome 1.1	An innovative, productive agriculture industry
Outcome 1.2	A diverse and prosperous economy
Outcome 1.3	An attractive destination for visitors

**Environment** Protect and enhance our natural and built environment.

Outcome 2.1 A well maintained attractive built environment servicing the needs of the community

Outcome 2.2 A natural environment for the benefit and enjoyment of current and future generations

**Social** A valued, healthy and inclusive community and life-style

Outcome 3.1 An engaged, supportive and inclusive community

Outcome 3.2 A healthy and safe community

**Leadership** Strong governance and leadership, demonstrating fair and equitable community values

Outcome 4.1 A strategically focused, unified Council functioning efficiently

Outcome 4.2 An efficient and effective organisation

## Acknowledgement & Logos

Successful applicants will be required to indicate how they intend to acknowledge the Shire of Lake Grace's contribution towards the activity or event. The Shire's support must be acknowledged through any advertising, other promotional material and media publicity associated with the activity. Approval must be given to use the Shire's logo.

## Event Approvals

Applicants who receive funding to host an event must seek the relevant approvals from the Shire of Lake Grace by contacting 9890 2500 or by email [shire@lakegrace.wa.gov.au](mailto:shire@lakegrace.wa.gov.au).

## ABN and Tax Status

Successful applicants without an ABN must complete a *Statement by a Supplier* form in order to be funded. *Statement by a Supplier* forms are available to download from the Australian Tax Office.

The Shire cannot release funds to individuals or organisations without an ABN or signed *Statement by a Supplier* form.

Applicants must advise of their organisations' GST status. If registered for the GST individuals or organisations must supply a tax invoice to receive funds.

## APPLICANT DETAILS

Before you start, you **must** contact our Community Services Officer on 9890 2500 to discuss your project idea.

**Date of Discussion:** \_\_\_\_\_

**Officer spoken to:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Is the applicant (tick one box only):  
 an organisation  
 individual

*(Note: Individuals must be auspiced by an incorporated organisation.  
Please complete the auspicing body details on page 10)*

## ORGANISATION DETAILS

**Name of  
Organisation:** \_\_\_\_\_

**Is your organisation incorporated?** *(You may be required to supply a copy of your Certificate of Incorporation if your application is successful)*

**Yes** (date of incorporation) \_\_\_\_\_  
 **No** (please complete the auspicing organisation details below)

**Does your organisation have an Australian Business Number (ABN)?**

Yes: (ABN) \_\_\_\_\_  No

**Is your organisation registered for GST?**

Yes:  No

**ORGANISATION ACCOUNT DETAILS**

Please provide details of your organisation’s main operating account. If your application is successful, this will be the account to which grant funding is paid.

**BSB Number:**

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**Account Number:**

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**Bank Name:**

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**Account Name:**

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**ORGANISATION ADDRESS & CONTACT PERSON DETAILS**

**Postal Address:**

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**Street Address:**

(if different from above)

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**Phone:**

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**Mobile:**

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**Fax:**

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**Email:**

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**Contact Position/Role:**

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**Name:**

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**Postal Address:**

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**Phone:**

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**Mobile:**

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**Fax:**

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**Email:**

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**Organisation Website:**

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**ALL APPLICANTS TO COMPLETE THE FOLLOWING:**

Is the applicant or auspicing organisation covered by public liability insurance?

Yes: (please state level of cover and expiry date)

\_\_\_\_\_

No

**PROJECT DETAILS:**

**Project Title**

\_\_\_\_\_

**Project Summary:** *(No more than 50 words. The information supplied here will be used by the Shire to describe the project to the public where applicable)*

**Project Start Date:**

\_\_\_\_\_

**Project End Date:**

\_\_\_\_\_

**What is the location where your project will take place?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Which of the Shire Community Strategic Plan objectives does your project address (Applicants may select multiple priorities. See guidelines for further detail on priorities)**

Economic

Social

Environmental

Leadership

**Project Partners:** *(list the organisations, groups, and/or stakeholders involved in delivering your project, and describe their input)*

Please describe your project in detail and attach to your application. If you need more space, you can attach no more than a single A4 page (single sided, Arial 11 point font, single spaced). Refer to page 4 of the Community Grants Guidelines for the assessment process.

**What does your project aim to achieve?**

**How are you going to achieve this?**

**Outline how the project addresses a genuine community need.**

**Outline how you have involved community members (target and/or wider community members) in the design, implementation and delivery of the project.**

**How will you determine whether your project was successful?**

**Which of the following ways are you able to acknowledge the Shire of Lake Grace's support for the project?** Please tick applicable option (s)

- Acknowledgement of Shire of Lake Grace support in advertising and media publicity
- Shire of Lake Grace signage while the project is occurring
- Verbal acknowledgement during the project
- Formal invitations to Shire of Lake Grace President and/or Councillors to attend project activities, official functions and hospitality opportunities
- The President or Councillors to be invited to present the welcome or opening speech at the commencement and/or launch of the project



**How will you make sure your event/project/activity is designed to incorporate disability access and inclusion principles? Tick the box(s) with applicable statements about your project's access and inclusion.**

- People with disability have the same opportunities as other people to access or take part in the project/event/service offered?
- People with disability have the same opportunities as other people to access the buildings and other facilities associated with the project/event/service offered?
- People with disability receive information about the project/event/service offered in a format that will enable them to access the information as readily as other people are able to access it?
- People with disability have the same opportunities as other people to be a volunteer with your organization.

## PROJECT/EVENT BUDGET

Please outline the total cost of your project.

Include any contribution from your organisation, contributions from other funding bodies, and estimated in-kind contributions. *In-kind contributions are goods, services, time, expertise, or other non-cash contributions which assist the development, delivery and/or evaluation of the project.*

**Amount \$ (excluding GST)**

**Request from the Shire of Lake Grace**

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**Your \$ contribution**

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**Other \$ contributions**

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**Total \$ cost of all contributions**

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**In kind contributions (estimated value)**

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**Total Project Cost**

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### PROJECT COST

Please outline your project's total cost using the table below. Attach written quotes for major budget items

Item/s Description	Total item cost (ex GST)	\$ requested from the Shire (ex GST)	\$ requested from others (ex GST)	\$ provided by applicant (ex GST)
<b>Total Costs</b>				

**Has your organisation received funding from the Shire of Lake Grace in the past five years?**

**Yes**       **No**

If yes, please provide details:

Year	Purpose	Amount

## AUSPICING

If the applicant is an individual, or a non-incorporated group, please complete the following section.

**Auspicing organisation's name:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Is the auspicing organisation registered for GST?**

Yes:             No

### AUSPICING ORGANISATION ACCOUNT DETAILS

Please provide details of your organisation's main operating account. If your application is successful, this will be the account to which grant funding is paid.

**BSB Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

Please provide some information about your organisation (or auspicing organisation). For example what the organisation does, its client or service base, objectives/goals/vision etc.

## CHECKLIST

**Please ensure you have:**

- Discussed your proposed project with the Community Services Team
- Confirmed you or your organisation meets the eligibility criteria
- I have read and agree to the funding requirements/guidelines, have answered all questions and completed the budget as accurately as possible
- I acknowledge that I am authorised to make this application on behalf of the organisation.
- Developed a project that aligns with at least one of the funding priorities
- Completed **ALL** sections of the Application Form (including project detail and budget)
- Attached written quotes for major budget items
- I acknowledge I may be required to supply further information prior to consideration of this application by the Shire of
- Other attachments (please specify)

## APPLICANT DECLARATION

I, the undersigned, certify that I have been authorised to submit this application and that the information contained herein or in the attachments is, to the best of my knowledge, true and correct.

**Name:**

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**Signature:**

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**Position:**

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**Date:**

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