

FUNDING APPLICATION

2023/2024 FINANCIAL YEAR

ORGANISATION NAME

PROJECT OR EVENT NAME

| FUNDING TYPE REQUESTED | | | | |
|------------------------|-----------------|--|-------------------|--|
| | COMMUNITY GRANT | | SERVICE AGREEMENT | |



THE APPLICATION PROCESS

Applications must be received by 4:30pm on Friday 3 March 2023.

All applications will receive a written acknowledgment. Consideration of applications will take place by Council through its budget deliberation process. The outcome will only be announced once Council's Annual Budget has been adopted.

APPLICATION CHECKLIST

Prior to submitting your application, please complete the checklist below to confirm that all requested information has been included. Incomplete applications will not be considered.

- □ The application form has been signed by the Chairperson or President of the organisation
- □ The application clearly specifies what the funding is to be used for and answers have been provided for every question, please attach any additional information you feel will give more weight to your application.
- □ Any previous funding from the Shire (Community Grant or Service Agreement) has been acquitted.
- □ A copy of an Audited Financial Statement (or alternative documentation) providing an overview of the financial status of the applicant is enclosed.
- □ If your application is for capital works, copies of plans and costings have been attached (with a letter of permission if the applicant is not the owner of the premise).
- □ A representative from the organisation has met with the Manager Community Services to discuss your project.
- □ If your application is for an event, a copy of the event budget including all projected income and expenditure has been included.

| Please address all applications to: | | |
|---|--|--|
| Manager Community Services | | |
| Community Grant/Service Agreement Application | | |
| Via email: | BTNShire@bridgetown.wa.gov.au | |
| In person: | Shire Administration Building, 1 Steere St, Bridgetown | |
| Via post: | PO Box 271 BRIDGETOWN WA 6255 | |
| | | |



APPLICANT DETAILS

| Organisation Name | |
|-----------------------|--|
| Chairperson/President | |
| Organisation Postal | |
| Address | |

| Main Contact Person | | |
|---------------------|---------------|--|
| Position | | |
| Phone Number | Mobile Number | |
| Email Address | | |

GRANT TYPE

please indicate which grant type you are applying for.

| Community Grant For projects occurring within the financial year (12 months) |
|--|
| Service Agreement For projects occurring annually over a three year period. |

PROJECT SUMMARY

| Amount of Funding Requested | \$ |
|--|----|
| Amount Contributed by the Organisation/Applicant | \$ |

Project Description (please clearly explain what the funding will be used for)



Has this organisation previously received a Community Grant or Service Agreement from the Shire of Bridgetown-Greenbushes?

If yes, please provide the following details for the most recent Community Grant or Service Agreement received.

| Project Name | | |
|-------------------|----------------------|--|
| Grant Amount | | |
| Year Grant Funded | Year Grant Acquitted | |

ORGANISATION DETAILS

| | Organisation Name | | | | | |
|---|--|----|------------------|------|----|--|
| | | | | | | |
| If the Organisation changed its name since the last application, please provide the previous Organisation name | | | | | | |
| | | | | | | |
| | Status of Organisation | | | | | |
| Incorporated Association (include a copy of Certificate of Incorp | | | f Incorporation) | | | |
| Соо | Cooperative | | | | | |
| Esta | Established Community Group | | | | | |
| Oth | Other, provide details: | | | | | |
| Does the Organi | Does the Organisation have an ABN? | | Yes | ABN: | | |
| Dues the Organis | sation have an Abiv: | Νο | | | | |
| Is the Organisati | on Registered for GST? | | Yes | | No | |
| When was the o | rganisation established? | | | | | |
| How many mem | bers in the Organisation? | | | | | |
| What is the men | nbership fee? | | | | | |
| How many paid | How many paid staff in the Organisation? | | | | | |
| How many volur | nteers in the Organisation? | | | | | |

PROJECT TIMEFRAME & BENEFITS

| Project Commencement Date | |
|---|------------------------|
| Project Completion Date | |
| Why is this project important? | |
| | |
| | |
| | |
| Have you applied for other grant funding? If yes, what funding body did you apply to & how much was requested? Cle project budget. | early show this in the |
| | |
| | |
| | |
| | |
| Does your project just benefit your own group or does it provide benefit community? Clearly explain how others will benefit from your project. | to the wider |
| | |
| | |
| | |
| | |
| Are you working with any other community groups to achieve your project If yes, please list each group involved in the project and how they are supp | |
| | |
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| | |



| Does your project meet any of the strategic objectives of the Shire? | | Yes |
|---|--|-----|
| If you are not sure, please discuss this project with the Manager of Community Services. | | No |
| If yes, please state below which strategic objective your project meets and achieve that strategic outcome. If no, please provide a comprehensive exp Council should fund your project. | | |
| | | |

PROJECT BUDGET

Project budgets are required for applications to be considered. Item numbers in left column assist with calculating final budget totals. Please complete all sections. If you have any queries please contact the Manager Community Services on 9761 0800.

| | INCOME | | | | |
|-------|-----------------------------------|--------|--|----|--|
| INTER | NAL FUNDING - CASH | AMOUNT | | | |
| 1 | 1 Applicants cash contribution | | | \$ | |
| 2 | Other cash contribution from: | | | \$ | |
| 3 | Volunteer Hours: Hours at \$25p/h | | | \$ | |
| 4 | 4 Other | | | \$ | |
| 5 | TOTAL INTERNAL FUNDING (SUM 1:4) | | | \$ | |



| EXTER | NAL FUNDING | AMOUNT |
|-------|------------------------------------|--------|
| 6 | Shire of Bridgetown-Greenbushes | \$ |
| 7 | Funding Body 1: | \$ |
| 8 | Funding Body 2: | \$ |
| 9 | Participation Fees (if applicable) | \$ |
| 10 | Other: | \$ |
| 11 | Other: | \$ |
| 12 | TOTAL EXTERNAL FUNDING (SUM 6:11) | \$ |
| 13 | TOTAL FUNDING (5+12) | \$ |

Please note: total funding income (13) must equal to the total expenditure (36)

| EXPENDITURE | | | | | |
|-----------------------------|--|----------------------|--------|--|--|
| PROFESSIONAL SERVICES | | FUNDING ORGANISATION | AMOUNT | | |
| 14 | Consultant Fees | | \$ | | |
| 15 | Accountant & Bookkeeping Costs | | \$ | | |
| 16 | Salaries for Paid Staff | | \$ | | |
| 17 | Honoraria of Service Providers | | \$ | | |
| 18 | Other: | | \$ | | |
| 19 | Other: | | \$ | | |
| 20 | TOTAL PROFESSIONAL SERVICES (SUM 14:19) \$ | | | | |
| PROMOTIONS & ADMINISTRATION | | FUNDING ORGANISATION | AMOUNT | | |
| 21 | Promotional Material | | \$ | | |
| 22 | Telephone Expenses | | \$ | | |
| 23 | Postage & Stationery | | \$ | | |
| 24 | Photocopying | | \$ | | |



| 25 | Insurance | | \$ | |
|--|--|----------------------|--------|--|
| 26 | Other: | | \$ | |
| 27 | Other: | | \$ | |
| 28 | TOTAL PROMOTIONS & ADMINISTRATION EXPENSES (SUM 21:27) | | \$ | |
| TRANSPORTATION & VENUES | | FUNDING ORGANISATION | AMOUNT | |
| 29 | Travel & Accommodation Costs | | \$ | |
| 30 | Venue Hire | | \$ | |
| 31 | Equipment Hire | | \$ | |
| 32 | Refreshments | | \$ | |
| 33 | Other: | | \$ | |
| 34 | Other: | | \$ | |
| 35 | TOTAL TRANSPORTATION & VENUE EXPENSES (SUM 29:34) | | \$ | |
| 36 | TOTAL EXPENDITURE (20+28+35) \$ | | | |
| Please note: total income (13) must be equal to the total expenditure (36) | | | | |

| TOTAL COST OF PROJECT (36) | \$ |
|--|----|
| AMOUNT OF COUNCIL FUNDING (6) | \$ |
| INTERNAL FUNDING (5) | \$ |
| CONTRIBUTION FROM OTHER SOURCES (12–6) | \$ |



GENERAL FUNDING CONDITIONS

- 1. The Shire of Bridgetown-Greenbushes will determine the terms of payment of grant funding.
- 2. Successful applicants who receive funding of \$5,000 or more are required to present to Council (annually) on the outcome of the funded activity.
- 3. Council may use the information provided by the funded entity for its own promotional purposes.
- 4. All funded entities will be required to enter into an agreement with the Shire of Bridgetown-Greenbushes which will detail specific conditions and terms relevant to that project.
- 5. All funded entities must acknowledge the support of the Shire of Bridgetown-Greenbushes in all their promotional material.
- 6. Funded entities must advise the Shire of Bridgetown-Greenbushes of any change to office bearers and their contact details.
- 7. Payments of Community Grant or Service Agreement funding may be suspended at any time if, in the opinion of Council, any of the conditions of the funding agreement, or satisfactory progress, has not been achieved.
- 8. Any change to a funded project cannot proceed without a formal resolution from Council. The applicant must submit a written grant variation request to the Shire of Bridgetown-Greenbushes clearly stating any proposed changes to the project and the reason why the changes are required. This will be considered by Council and a determination made.

SPECIFIC GRANT CONDITIONS

If there are any specific grant conditions, unique to your application these will be included in the letter of advice confirming your application has been successful, following the Assessment Working Group recommendations and Council's consideration of those recommendations.



PUBLIC LIABILITY INSURANCE

If you are a community group that uses Council facilities more than ten times in a financial year, you will need to provide a Public Liability Insurance Certificate of Currency. If you are an Incorporated Body or affiliated to a sporting body, you will require Public Liability Insurance to use Council facilities.

If the activity is officially managed by the Shire, eg. a class coordinated by the Shire's Recreation Centre, your own Public Liability Insurance is not required.

 Does the Organisation have Public Liability Insurance?

 If yes, please state the value of your current Public Liability Insurance and attach a copy of the insurance policy.

 Yes & Copy Enclosed
 Insurance Amount:

APPLICATION ACKNOLEDGEMENT

Only the Chairperson or President of your group should sign this application.

No

I, the undersigned, certify that to the best of my knowledge the statements made within this application are true.

I understand that if the Shire of Bridgetown-Greenbushes Council approves this application for funding, I will be required to accept the Funding Conditions as outlined above.

| Name | |
|-----------|------|
| Position | |
| Signature | Date |