Community Support Grants Application Form

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| **Part A – Grant Guidelines** |
| Please submit this completed form to [Community.Grants@ashburton.wa.gov.au](mailto:Community.Grants@ashburton.wa.gov.au) **before close of business:**  March 31st (for projects May – October)  August 31st (for projects October – May)   * Please ensure that you consider the Shire of Ashburton Disability and Inclusion Plan (DAIP) 2018 – 22 when submitting your application - [Access](http://www.ashburton.wa.gov.au/news-article/968/disability-access-and-inclusion-plan-20182022/) Disability and Inclusion Plan 2018-2022 * All areas of this application form must be completed; additional information may be attached if required * Applications can be for cash and/or  in-kind contributions as long as the total amount is no more than $2,500 * **Please note:** Funding is only available to **incorporated** community and sporting organisations * **Funding is available to Emergency Service organisations either incorporated or unincorporated.** * Applications are to be received before the advertised closing date.  **Late applications will not to be considered** * Applicants can apply more than once each financial year as long as the total amount is less than $2,500. This includes cash and in kind support such as donated venue hire * Applications are to be completed in full and signed by an Officer Bearer * There are two funding rounds offered each year closing 31 March and 31 August * Applications are assessed by a panel consisting of one senior community development staff member and at least two Councillors, each from different wards. The final assessment and award of grants will be subject to a formal decision at a Council Meeting. This process can take between two and three months following submission closing date. * As part of the application process, applicants agree to submit an acquittal report within four weeks of the agreed completion date of the event/activity, containing:   + - A detailed budget signed by the Treasurer and President of the organisation     - An  evaluation of the event/activity     - Proof that the grant was expended according to the approved application (copies of invoices and photographs) * Applications will not be funded retrospectively.   + The grants are competitive and decisions to fund part or all of a request are based on:     - The extent to which the project directly benefits the residents of the Shire of Ashburton     - Funding and/or contributions from other sources     - Value for money |

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| **Part B – Applicant Details** | | | | | | | | | | |
| **Grant Type: (Please select grant being applied for)** | | | | | | | | | | |
|  | Community Support Grant | | | | | | | | | |
|  | Emergency Service | | | | | | | | | |
|  | Signature Event | | | | | | | | | |
|  | Aboriginal Communities (Emergency Services Levy) | | | | | | | | | |
| Name of Organisation: | | | |  | | | | | | |
| Name of Contact Person: | | | |  | | | | | | |
| Postal Address: | | | |  | | | | | | |
| Email: | | | |  | | | | | | |
| Contact Phone: | | | |  | | | | Mobile: | |  |
| Name of President: | | |  | | | | Name of Secretary: | | |  |
| Incorporated (Please note only incorporated organisations can apply): | | | | | | | | | | Yes  No |
| Incorporation Number: | | | | |  | | | | | |
| Australian Business: | | | | | Yes  No | | | | ABN: |  |
| Bank Account Number: | | | | |  | | | | BSB: |  |
| Registered for GST: | | | | | Yes  No | | | | | |
| Has the Organisation previously received Council funding: | | | | | | | | | Yes  No | |
| **If the organisation has previously received Council funding, please provide details below of the year it was received, the amount and a brief description of the project.** | | | | | | | | | | |
| **Year** | | **Amount** | | | | **Description** | | | | |
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| **Part C – Project Details** | |
| Name of Project: |  |
| Amount Requested: |  |
| *Please note maximum grant from the Shire of Ashburton is $2,500)* | |
| Estimated Project Cost: |  |
| **Project Description, Describe briefly the activities for which you are seeking funding (what, where, when, how)** | |
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| **Part C – Project Details (Continued)** | | | | | | |
| Estimated number of people that will benefit from the project? | | | |  | | |
| What Percentage of participants will be from the Shire of Ashburton? | | | | |  | |
| **Please describe how the community will benefit from your project or activity:** | | | | | | |
|  | | | | | | |
| Project Start Date: |  | | Project Completion Date: | | |  |
| Proposal Events or Activity Date: | |  | | | | |
| **Please list any other groups or organisations you will be working with to plan and implement your project.** | | | | | | |
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| **Part D – Project Budget** | |
| **Income:** | **Amount ex GST:** |
| Amount requested from Shire of Ashburton (CASH): | $ |
| Amount requested from Shire of Ashburton (IN-KIND) | $ |
| Your organisation’s contribution (Cash – In Kind) | $ |
| Other grant applications: | $ |
| Contribution from other groups/business: | $ |
| Any other income: Please Specify | $ |
| Total income: | $ |
| *In the expenditure section please list all items you require to carry out your project. List your items in order of priority and attach quotations or other details supporting cost.* | |
| **Expenditure Item:** | **Amount ex GST:** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total expenditure:** | $ |

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| **Part E – Project Budget** |
| **Please detail how your organisation/group will acknowledge the Shire of Ashburton support.** |
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| **Part F – Application Checklist** | |
| **To ensure your application meets eligibility, please ensure you check you have completed the following checklist:** | |
|  | We have answered every question on the application form |
|  | We have checked our budget figures add up and the income equals the expenditure |
|  | We have attached all of the supporting documentation and any other relevant attachments e.g. quote |
|  | We are incorporated and can provide our certificate if requested or letter from auspice group |
|  | We have included a copy of the current Public Liability Insurance Certificate (Certificate of Currency) |
|  | We have kept a copy of this application for our own records |

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| **Part G – Declaration** | | | |
| I have read and understood the Funding Guidelines in Section 1 of this application and declare that ;   * The information given on this form is complete and correct * The funds requested would be used only for the purpose described. If the funds are not used, or the total funding amount is not used on the described project, they will be returned immediately to the Shire of Ashburton. | | | |
| Name of Authorised Representative: | |  | |
| Position: | |  | |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ |