

Shire of Esperance

Community Grants Program

Application Form - Annual Grant



Please confirm grant type below. Responses must be provided to all questions. If insufficient space attach additional pages.

Annual Grant

Annual Grant for an Event

PROJECT SUMMARY

NAME OF PROJECT

LOCATION OF PROJECT / ACTIVITY

PROJECT START DATE

PROJECT FINISH DATE

TOTAL PROJECT COST

APPLICATION AMOUNT

ORGANISATION DETAILS

ORGANISATION NAME

ABN NUMBER

ARE YOU REGISTERED FOR GST?

YES Budget GST Exclusive	NO Budget GST Inclusive
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IS YOUR ORGANISATION INCORPORATED
Attach Evidence

YES	NO
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ORGANISATION STREET & POSTAL ADDRESS

DOES YOUR ORGANISATION OPERATE ON
A NOT-FOR-PROFIT BASIS?

YES	NO
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DOES YOUR ORGANISATION CURRENTLY
LEASE A PROPERTY FROM THE SHIRE

YES	NO
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ORGANISATION PHONE NUMBER/S

DOES YOUR ORGANISATION HOLD PUBLIC
LIABILITY INSURANCE? Attach Evidence

YES	NO
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DOES YOUR ORGANISATION HOLD
VOLUNTEER ACCIDENT INSURANCE?

YES	NO
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ORGANISATION EMAIL ADDRESS

HOW IS YOUR ORGANISATION MANAGED? I.E. MANAGEMENT COMMITTEE, BOARD

CONTACT PERSON NAME

HOW LONG HAS YOUR ORGANISATION BEEN ESTABLISHED?

CONTACT PERSON POSITION / ROLE

HOW MANY MEMBERS DOES YOUR ORGANISATION HAVE?

CONTACT PERSON PHONE NUMBERS

DEMOGRAPHIC OF MEMBERSHIP I.E. NUMBER OF MEN/WOMEN, SENIORS/YOUTH ETC

CONTACT PERSON EMAIL ADDRESS

WHAT ARE THE PRIMARY SERVICES / ACTIVITIES PROVIDED BY YOUR ORGANISATION

PROJECT DETAILS (PLEASE PRINT IN BLOCK LETTERS)

WHICH SHIRE OF ESPERANCE COUNCIL PLAN THEME DOES THIS PROJECT ALIGN TO?
A COPY OF THE PLAN CAN BE ACCESSED AT WWW.ESPERANCE.WA.GOV.AU

THEME 1: PEOPLE - A healthy, inclusive, active and safe place to live

THEME 2: PLANET - Our natural environment is conserved for everyone to enjoy

THEME 3: PLACE - High quality planning and infrastructure serves local needs

THEME 4: PROSPERITY - Growing and thriving, Esperance is a great place to live work and invest

WHICH CATEGORY BEST DESCRIBES YOUR PROJECT?

ARTS AND CULTURE

YOUTH

CRIME PREVENTION AND COMMUNITY SAFETY

TOURISM AND PROMOTION

SENIORS

ENTERTAINMENT AND EVENT MANAGEMENT

EMERGENCY SERVICES

DISABILITY SERVICES

MULTICULTURAL AND INDIGENOUS

SPORT AND RECREATION

HEALTH PROMOTION AND EDUCATION

BUSINESS SUPPORT AND DEVELOPMENT

PROVIDE A DESCRIPTION OF THE PROJECT (NOTE: THIS INFORMATION MAY BE USED IN PROMOTIONAL MATERIAL)

OUTLINE THE AIMS AND OBJECTIVES OF THE PROJECT

SPECIFICALLY IDENTIFY WHAT THE GRANT FUNDS WILL BE USED FOR

HOW DID YOU IDENTIFY THE NEED FOR THIS PROJECT AND ADVISE WHO WAS INVOLVED IN THE IDENTIFICATION PROCESS

DETAIL WHO YOU ANTICIPATE PARTICIPATING IN YOUR PROJECT (I.E. NUMBER, AGE, GENDER).

DESCRIBE HOW THE PROJECT WILL BENEFIT THE PARTICIPANTS AND THE BROADER COMMUNITY

SPECIFY HOW YOU WILL MEASURE AND EVALUATE THE OUTCOMES AND SUCCESS OF THE PROJECT

PROVIDE DETAILS OF ANY PARTNERSHIPS WITH OTHER ORGANISATIONS OR COMMUNITY GROUPS THAT WILL DELIVER THIS PROJECT AND EXPLAIN HOW THEY WILL SUPPORT THE PROJECT

HAVE YOU DEVELOPED A PROJECT PLAN AND TIME FRAME FOR YOUR TASKS AND ACTIVITIES?

IF YES, PLEASE PROVIDE YOUR PLANNING DOCUMENTS WITH THIS APPLICATION

IF NO, PLEASE OUTLINE KEY STEPS FOR THE PROJECT BELOW. Remember to include any planning fees in your project budget

YES

NO

HAVE YOU DEVELOPED A MARKETING AND PROMOTIONS PLAN FOR THE PROJECT?

IF YES, PLEASE PROVIDE YOUR PLANNING DOCUMENTS WITH THIS APPLICATION

IF NO, PLEASE OUTLINE KEY STEPS FOR THE PROJECT BELOW. Remember to include any promotional fees in your project budget

YES

NO

HOW WILL YOU ACKNOWLEDGE THE SHIRE OF ESPERANCE CONTRIBUTION TOWARDS THIS PROJECT? Remember to include any associated costs in your budget

IS THIS AN SUSTAINABLE PROJECT?

PLEASE DETAIL HOW YOU INTEND TO ENSURE THAT THE PROJECT IS SUSTAINABLE IN THE FUTURE.

CONSIDER ONGOING ASSET MAINTENANCE, REPLACEMENT OF EQUIPMENT, FEASIBILITY OF ONGOING PROGRAMS AND EVENTS
THE SHIRE OF ESPERANCE DOES NOT GUARANTEE FUNDING FOR ONGOING PROJECTS.

YES

NO

ARE THERE ANY VOLUNTEERS INVOLVED WITH THIS PROJECT?

YES NO

ESTIMATED NUMBER OF VOLUNTEERS INVOLVED WITH THE PROJECT

ESTIMATED NUMBER OF HOURS VOLUNTEERS WILL CONTRIBUTE TOWARDS THE PROJECT

FUNDING DETAILS

DESCRIBE HOW THE PROJECT WILL BE AFFECTED IF PARTIAL OR NO FUNDING IS PROVIDED

HAS YOUR ORGANISATION RECEIVED ANY TYPE OF FUNDING FROM THE SHIRE OF ESPERANCE IN THE LAST 5 YEARS?
IF YES - PLEASE PROVIDE DETAILS BELOW. IF NOT FULLY AQUITTED - PLEASE PROVIDE EXPLANATION

YES NO

YEAR	AMOUNT	PURPOSE	FULLY AQUITTED	
			Y	N
			Y	N
			Y	N
			Y	N

HAVE YOU MADE AN APPLICATION FOR GRANT FUNDING FROM ANY OTHER SOURCES FOR THIS PROJECT? IF
YES - PLEASE PROVIDE DETAILS BELOW. IF NO - PLEASE PROVIDE EXPLANATION

YES NO

FUNDING BODY AND PROGRAM	AMOUNT	OUTCOME: APPROVED/ UNSUCCESSFUL or PENDING* (*Provide anticipated date of outcome)

PROVIDE ANY FURTHER INFORMATION WHICH YOU THINK IS RELEVANT TO YOUR APPLICATION HERE

PROJECT BUDGET

LIST ALL INCOME AND EXPENDITURE DETAILS RELATING TO YOUR PROJECT / ACTIVITY. VOLUNTEER LABOUR IS VALUED AT \$25 PER HOUR. WHERE A TRADES PERSON IS DONATING LABOUR IDENTIFY THE FULL VALUE OF WORKS. **IF YOU ARE REGISTERED FOR GST ALL AMOUNTS ARE TO BE GST EXCLUSIVE. IF YOU ARE NOT REGISTERED FOR GST ALL AMOUNTS ARE TO BE GST INCLUSIVE.** IF YOU NEED MORE SPACE PLEASE USE THE SAME FORMAT, HOWEVER LIMIT YOUR BUDGET TO TWO (2) A4 PAGES.

EXPENDITURE - CASH		GST EXCLUSIVE: YES NO	
ITEM - DESCRIPTION	AMOUNT		
TOTAL PROJECT EXPENDITURE (A)			\$

INCOME - CASH CONTRIBUTION	
ITEM - DESCRIPTION	AMOUNT
Shire of Esperance Community Grant Program <small>(Maximum 50% of Total Project Cost ((A) + (C))</small>	
Applicant Contribution	
Participant Contribution <small>ie Registration or Entry Fees</small>	
Other Funding (Confirmed and/or Unconfirmed)	
Other Funding - please specify	
TOTAL PROJECT INCOME (B)	
\$	
SURPLUS / DEFICIT (B) — (A)	
\$	

IN KIND CONTRIBUTION - NON CASH ITEMS - VOLUNTEER DETAILS	
ORGANISATION - ITEM - DESCRIPTION	VALUE
TOTAL PROJECT IN KIND CONTRIBUTION (C)	
\$	

TOTAL PROJECT COST (A) + (C)		\$
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DECLARATION (to be made by two organisational representatives)

We declare that:

Our organisation is not-for-profit and is also Incorporated (or a Registered Indigenous Organisation or a Registered Charity)

We are the persons authorised on behalf of our organisation to make this application.

We have read and understood and agree to the Community Grants Program Guidelines. We are aware that supporting documentation is required for all applications as detailed in the Community Grants Program Guidelines.

The information provided in this application and any attachments is to the best of our knowledge true, correct and discloses an estimate as accurate as possible as to the proposed income, expenditure and activities of the project.

We understand any omission or false statement may result in rejection of the application or withholding of any funds already approved

We accept and agree to complete an Accountability Report within 60 days from the conclusion of the project.

We understand this is an application only and may not necessarily result in funding approval

We have attached the following mandatory information/evidence, plus additional information relevant to our application:

Certificate of Incorporation and/or Certificate of Registration of an Aboriginal and Torres Strait Islander Corporation and/or Certificate of Registration by the Australia Charities and Not-for-profits Commission

Public Liability Insurance

Financial Statements as outlined in the Community Grants Program Guidelines (Profit & Loss [12 months] and Statement of Position)

One quote for expenses over \$1,000 and two quotes for expenses over \$3,000 as outlined in the CGP guidelines

[If you are unable to make any of the declarations in this form or complete any of the questions, please contact the Community Development Officer for guidance and assistance.](#)

NAME

NAME

POSITION HELD

POSITION HELD

SIGNATURE

DATE

SIGNATURE

DATE