

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 (PLEASE PRINT IN BLOCK LETTERS)

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

THEME 1: COMMUNITY CONNECTION

THEME 2: BUILT ENVIRONMENT

THEME 3: NATURAL ENVIRONMENT

THEME 4: GROWTH & PROSPERITY

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

FOR EVENTS / ACTIVITIES - OUTLINE THE EXPECTED PARTICIPANT DETAILS (I.E. NUMBER, AGE, GENDER)

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

SPECIFY HOW YOU WILL 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

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

YES

NO

HOW WILL YOU ACKNOWLEDGE THE SHIRE OF ESPERANCE CONTRIBUTION TOWARDS THIS PROJECT?

IS THIS AN ONGOING PROGRAM?

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

THE SHIRE OF ESPERANCE MAY 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

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

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

FUNDING (PLEASE PRINT IN BLOCK LETTERS)

HAS YOUR ORGANISATION RECEIVED ANY TYPE OF FUNDING FROM THE SHIRE OF ESPERANCE IN THE LAST 5 YEARS?
IF YES - PLEASE PROVIDE DETAILS BELOW

YES

NO

YEAR	AMOUNT	PURPOSE	FULLY ACQUITTED	
			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

YES

NO

FUNDING BODY AND PROGRAM	AMOUNT	APPROVED		PENDING
		Y	N	
		Y	N	
		Y	N	
		Y	N	

DECLARATION (to be made by two organisational representatives)

We declare that:

Our organisation is not-for-profit and our organisation is incorporated (or equivalent registration explained)

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

We have read and understood 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 the rejection of the application or withholding of any funds already approved.

We accept and agree to complete an Accountability form 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 or Equivalent

Public Liability Insurance

Financial Statements as outlined in the Community Grants Program Guidelines (Profit & Loss (12 month) 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

NAME

NAME

POSITION HELD

POSITION HELD

SIGNATURE

DATE

SIGNATURE

DATE