

# ANNUAL COMMUNITY GRANT SCHEME GS.41 2017/2018

# **APPLICATION FORM**

C	. wafawa maa		CCI	
Grant	reference	number	CC/	

	APPLICAN <sup>-</sup>	Γ DETAIL	S			
Association/Organisation name						
If not incorporated, auspice detail/name						
Incorporation status	Incorporate	ed	Not I	ncorporated		
Year of establishment						
Title of initiative/project						
Contact person for project						
Position held						
Postal address						
Office hours telephone				Mobile		
Email address						
Australian Business Number (ABN)						
If no ABN, a Statement by Supplier fo	orm must be	complete	d & ret	turned with th	his ap	oplication.
Are you registered for GST?	YES	NO				
Has your organisation been granted deductible recipient status?	YES	NO				
Total amount requested (ex GST)						
Community Engagement Officer contacted				Date contact	cted	

The Annual Community Grant Scheme Guidelines *MUST* be read *BEFORE* completing this application. Appropriate supporting documentation must be attached with this application form.

Queries should be directed to:
Community Engagement Team on 9186 8555
or email grants.officer@karratha.wa.gov.au
Guidelines can be downloaded from the Council's website at www.karratha.wa.gov.au

# **SECTION 1 – ABOUT YOUR ORGANISATION**

1	DETAIL	SOF	VOLID	OPG	<b>ZIMA</b>	ATION
Ι.	DETAIL	_a ur	IUUR	URG	AIVI O	AHUN

Please outline the objectives of		
service. If this is an auspice project initiative.	e community. Please include the	City of Karratha towns you
Is your organisation listed on Abo	original Business Directory WA or	Supply Nation? Yes No
Is your organisation recognised a	as non-profit, as defined below?	Yes No
	organisation is an organisation that is not	
is operating and when it finishes. Any	gains have been direct or indirect. This a y profit made by the organisation goes	back into the operation of the
organisation to carry out its purposes a	nd is not distributed to any of its membe	rs.
• • •	n makers (including CEO, mana	gers and board members in
applicable) involved in this initiati	ive/project.	
• • •	` •	gers and board members in
applicable) involved in this initiati	ive/project.	
applicable) involved in this initiati	ive/project.	
applicable) involved in this initiati	ive/project.	
Name  If purchasing equipment, pleas	Position  Position  se state the arrangement for o	Time with organisation
Name  If purchasing equipment, pleas	Position  See state the arrangement for one is disbanded. Please attach the interest of the in	Time with organisation
Name  If purchasing equipment, pleasequipment if your organisation	Position  See state the arrangement for one is disbanded. Please attach the interest of the in	Time with organisation
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# 2. MEMBERSHIP/CLIENT DETAILS

Are you a membership based organisation? Yes No
If yes please list your membership/client details below and write '0' against those that do not apply to you.

	Females	Males	TOTAL
Junior members			
Senior members			
Social members			
Committee members			
TOTAL			

Comn	nittee members			
	TOTAL			
Please	indicate the targe	t groups your organisat	ion aims to engage:	
	Children (under 12	2 years)		
	Young people (12 – 17 years)			
	Women ( 18 – 55 <u>)</u>	years)		
	Men (18 – 55 Yea	rs)		
	Older people (55 +	+ years)		
	Aboriginal and Tor	res Strait Islander peop	ole	
	People from cultur	ally diverse background	ds	
	People with disabi	lity		
	Low income famili	es		
	All of the above			
	Other (please spe	cify)		
<b>VA</b> (*) 11. 41			and the second section of the second	. /
		groups be your target	audience for the initiativ	e/project?
Yes	No			
If not, p	olease outline you	r target audience.		

# **SECTION 2 – GRANT DETAILS**

# 1. REASON FOR APPLICATION

Which City of Karratha strategic theme does your project/initiative align with?

(see <a href="http://www.karratha.wa.gov.au/plans-strategic-business-community">http://www.karratha.wa.gov.au/plans-strategic-business-community</a> for full document)

Strategic Theme	Outcome
Our Community – Diverse and Balanced	
Our Economy – Well Managed and Diversified	
Our Natural and Built Environment – Thriving and Sustainable	
Our Leadership – Responsive and Accountable	

The state of the s	
Please outline your initiative/project and the purpose of your funding re	quest.
How did you identify the need for the initiative/project? (Please attach appropriate).	letters of support where
Who will benefit from the initiative/project and how will these benefitiative/project completion? (List community groups, organisations, incommunity groups).	efits be sustained after dividuals etc.)

Date	Activity/key milestone
	Project start
	Activity completed
	Acquittal documentation completed
FUNDRAISII	<b>VG</b>
Please demo	
washes, raffl	nstrate how your club/group will raise any additional funds for the project. (e.g. car
Please demo washes, rafflo	nstrate how your club/group will raise any additional funds for the project. (e.g. cares, membership income etc).

2.

#### **SECTION 3 – GRANT EXPENDITURE DETAILS**

Please list all expenditure details and attach quotes for items such as equipment, labour, consultant fees, hire or rental fees, travel, accommodation etc.

Any items for which funding is requested **must** be accompanied by a corresponding written quote. Where quotes are not attached, applications will be deemed incomplete and therefore ineligible and <u>will not progress</u> for committee consideration.

ltem	Total Cost (ex GST)	Amount requested from City of Karratha (ex GST)				
e.g. Bus hire to Perth & return	\$2,500.00	\$1,000.00	Club/Organisation	\$1,500.00	C/NC	
TOTAL:			TOTAL:			

<sup>\*\*</sup>Itemise under 'other or in-kind contribution' the <u>monetary value</u> of the <u>in-kind contributions</u>. These amounts reflect a non-cash input to the project which can be given a dollar value (eg: unpaid volunteer time, the use of club equipment not being charged back to the club, free use of facility).

**Total grant amount requested from City of Karratha =** 

(ex GST)

### **SECTION 4 – OTHER INFORMATION**

### 1. SUPPORTING DOCUMENTS

Please lis	st supporting	documentation	attached to	your	application	(including	quotes,	copy	of
incorpora	tion status, le	etters of support	etc).						

1	
2	
3	
4	
5	

### 2. ACKNOWLEDGMENT

If successful in your application, how do you intend to acknowledge the City of Karratha sponsorship (see guidelines for suggestions)		

### **DECLARATION**

I hereby certify that I have been authorised by the:

### **Organisation Name:**

To prepare and submit this application.

The information contained herein, is to the best of my knowledge, true and correct.

Name and position:	
Phone:	Mobile:
Email:	
Signature:	
Date:	

### **Please Note:**

The application form must be signed by the individual or applicants President/Chairperson to be accepted.

Where no signature is provided, the application will be deemed incomplete and therefore ineligible. The application will not progress for committee consideration.

#### **SECTION 5 - FINAL CHECKLIST**

Before submitting the application please ensure you have:

Read the Annual Community Grant Scheme Guidelines.

Discussed your application with the Community Engagement Officer.

Provided your ABN and advised if you are registered for GST.

If your organisation is Australian based, included a copy of the organisation's Deductible Gift Recipient (ATO) document, where applicable.

Included proof of your incorporated status and (if applying for equipment) a copy of your constitution's wind up clause.

Completed all sections of the application form, clearly defining the purpose of the grant.

Shown other funding sources (including your club/organisation where appropriate).

Shown in-kind contributions.

Included quotes for ALL requested expenditure items.

Provided letters of support and/or other documents that support the application.

Ensured the President/Chairperson has signed and dated the application.

Submitted the application by **4pm** on the **31 March 2017**. This can be the date marked by Australia Post on the closing date if submitting by post. Late applications will not be accepted under any circumstance. **Please do not send by fax**.

Applications can only be submitted in the following ways. It is the responsibility of the applicant to ensure the submission is received by the nominated day and time:

### By post

City of Karratha PO Box 219 KARRATHA WA 6714

#### Hand delivered

City of Karratha administration office Welcome Road Karratha

Opening Hours:

8.30am-4.30pm Monday to Friday

#### **Email**

grants.officer@karratha.wa.gov.au