Community Assistance Grants and Sponsorship Funding applications close, **4pm on Friday, 27 June 2025.
*It is a condition of the funding, that the Applicant contact Alison Reliti, on 9576 4645, to discuss their application and attend the grants information session Tuesday, 10 June 2025 before making their submission. Please register via email to*** ***funding@chittering.wa.gov.au***

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| **Section A: PROJECT / EVENT SUMMARY** |
| **Organisation:** |  |
| **Project or Event Title:** |  |
| **Project or Event Date/s:** | **Start Date:** |  | **Finish Date:** |  |
| **Total Budget:** | **$** | **Requested Funding** | **$** |
| **Shire Officer Contacted** | **Date:** |  | **Community Grants Workshop** | **[ ] Yes** **[ ] No** |
| **Do you have the necessary approvals from the owner of the building or property where you intend to hold your event or project?** | **[ ] Yes [ ] No** |
| **Will you need any of the following equipment?***A temporary booking will be recorded for the event date listed above. You will then be sent hire forms which will need to be completed and returned immediately, along with any relevant payments to confirm your booking.*  | **[ ]  Cinema** **[ ]  Marquees** **[ ]  Signage** **[ ]  Works** |

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| **Section B: ORGANISATION DETAILS** |
| Postal Address: |       |
| *Street number and name / Post Box number* |
|  |       |       |
| *Suburb* | *State* | *Postcode* |
| *Please give the name, telephone and email contact for the person in your organisation who can help us if we require further information. Under the Privacy Act (1988) you must get consent from this person before recording their details below.*  |
| Contact Person: |       | Phone: |       |
| Email: |       | ABN: |       |
| If you do not have an ABN, please download, complete and enclose a Statement by Supplier Form available from [www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/](http://www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/)  |
| Is your organisation registered for GST? | [ ]  Yes  | [ ]  No |
| Do you have Public Liability Insurance? Have you checked with your insurer that it covers your proposed activity or event?All event applications will require the applicant to provide Council with a certificate of currency for Public Liability. | [ ]  Yes  | [ ]  No |
| Is your organisation incorporated?  | [ ]  Yes  | [ ]  No |

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|  **Section C: FUNDING CATEGORY** |
| Please identify which of the following funding categories you are applying for. You will be required to submit 2 forms if applying for both Grants and Event Sponsorship. In-kind costs associated with Grants or Sponsorship must be included in the relevant application.  |
| [ ]  **Community Assistance Grants (CAG)** |
| Grants can be used towards infrastructure and equipment in the Shire of Chittering. Examples of previously successful grants include uniforms, kids play equipment and air-conditioning.  |
| **[ ]  Community Sponsorship Funding (CSF)**  |
| CSF is made available to community groups to be used toward the costs associated with equipment hire, venue hire, entertainment, and catering for community events or programs in the Shire of Chittering. Examples of successful sponsorships are gala days, and art exhibitions.***Please ensure you visit*** [***https://www.chittering.wa.gov.au/visit/events/event-organisation-and-promotion.aspx***](https://www.chittering.wa.gov.au/visit/events/event-organisation-and-promotion.aspx) ***for relevant event notification forms and other approval processes.***  |

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| **Section D: PROJECT DETAILS / EVENT DETAILS (PROGRAM LOGIC)** |
| To assist the Working Group to assess your application, please provide details of your project, your intended outcomes, and its benefit to the residents of the Shire of Chittering. You are welcome to attach additional pages, or your Project Plan, should there be insufficient space.  ***Bonfire Night - EXAMPLE***  |

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| Input ($, people etc) | Activity (what you are doing) | Participation (who is involved and how) | Outcomes / Benefits (how will your group and the wider community benefit) | Measures/Target(what measurable targets have you set for the project) | Evaluation Method(how will you assess that you have been successful) |
| * *Organisation Funding*
* *External funding/ sponsors*
* *Volunteer time*
* *Staff time*
 | * *Bonfire – created by fire brigade.*
* *Food options provided*
* *Entertainment for kids*
* *Fire Info and tours of station.*
 | * *Shire staff organise event, set up, pack up.*
* *Volunteers to coordinate fire information.*
* *Food vendors to provide food options*
 | *The community feels more connected to local emergency services and each other.* | * *1 event per year*
* *Minimum 100 community members, including children attend each event.*
* *10 new community introductions to each brigade.*
 | * *Record of attendance numbers at Community Events.*
* *Debrief with Fire brigade after event.*
 |
| APPLICANT PROGRAM/PROJECT LOGIC |
| Input | **Activity** | **Participation** | **Outcomes / Benefits** | **Measures/Target** | **Evaluation Method** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

**LARGE SCALE EVENTS – ADDITIONAL REQUIREMENTS**

Events or Projects with a total value over $5000 are required to provide examples of alignment to the [Shire’s Strategic Community Plan](https://www.chittering.wa.gov.au/documents/438/strategic-community-plan-2024-2034) (SCP) and consider how they are planning for the future viability of their event or organisation.

**Shire SCP Alignment**
If applicable, please provide detail below which areas of the SCP your event or project aligns to and how it will assist us with our goals and objectives.

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**Other strategies**Please list any other major plans or strategies that you have considered as part of your project development or event planning. Other Shire plans can be found [HERE](https://www.chittering.wa.gov.au/council/publications-strategic-documents.aspx)

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| Plan / Strategy | Alignment Detail |
|       |       |
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|       |       |
|       |       |

Do you have a Forward Plan (minimum of 5 years) for your organisation? If so, please detail how the project or event aligns with your plan. Please upload a copy of the plan if available.

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| **Section E: FINANCIAL DETAILS.** |
| **BUDGET**Please provide a detailed budget for the activity or project you are requesting funding for. All costs should be itemised in the space provided below. Quotes are required for any costs over $500. Please note that your income and expenditure should match.

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| **(1)****Budget Items** (what the money will be spent on) | **(2)** **Shire of Chittering Funding**($) (excl. GST) | **(3)****Other Cash Funding Amount**($) (excl. GST) | **(4)****In-Kind Support -** Please estimate the dollar value of the in-kind support ($) | **Source of Other Cash Funding or In-Kind Support(**Please state if confirmed or unconfirmed) |
|       | $      | $      | $      |       |
|       | $      | $      | $      |       |
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| Total: $      | $      | $      | $      |  |

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| **Section F: DECLARATION** |
| I hereby declare that the information supplied here on behalf of the named organisation is correct. I consent to the Shire of Chittering collecting the personal contact details provided above. We acknowledge the Shire of Chittering’s right to have access to our personal information, in accordance with the Privacy Act 2000.I, as the authorised representative of the named organisation, also declare that I have read the Shire of Chittering Community Assistance Grants and Sponsorship Guidelines and agree to comply with the provisions included. |
| Name: |       | Date:       |
| Position\*:\*must be an executive committee member. |       |
| Bank Account: |                   -                   |       |
| BSB Number | Account Number |
| Account Name: |       |

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| **Please submit your application by no later than 4pm on Friday, 27 June 2025**To: Shire of ChitteringMail: PO Box 70, Bindoon WA 6502Address: 6177 Great Northern Highway, Bindoon WA 6502Email: funding@chittering.wa.gov.au  |
| Please ensure you have included the following items with your application where applicable. |
| Attached | N/A | Details. |
| [ ]  | [ ]  | Certificate of Incorporation |
| [ ]  | [ ]  | Current Financial Statement for the previous financial year (for requests over $1000) |
| [ ]  | [ ]  | Copies of letters of support from key partners |
| [ ]  | [ ]  | Organisation Forward Planning Document (if applicable) |
| [ ]  | [ ]  | Statement by Supplier (If you do not have an ABN) |
| [ ]  | [ ]  | Copy of written quote/s for any costs over $500 |
| [ ]  | Other, please specify.      |

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| **Office Use Only** CF Folder # SOCR-1845402348-66037 |
| Application |
| CF ID# |       | Date rec:        | Acknowledgement | CF ID#       |
| Outcome |  [ ]  Successful [ ]  Unsuccessful  | Notification Sent: | CF ID#       |
| Amount | $        |  | PO #       |  |
| Acquittal |
|  CF ID# |       | Date rec: |       | Invoice # |       |
| Amount Paid  | $      | Paid Date |       | Payment # |       |
| Fully Acquitted Notification - CF ID#       | Date:       |
| Additional Correspondence      |