

COMMUNITY ASSISTANCE GRANTS AND SPONSORSHIP APPLICATION 2025-2026



Community Assistance Grants and Sponsorship Funding applications close, **4pm on Friday, 14 November 2025.**

It is a condition of the funding, that the Applicant contact Rachel Messitt, on 9576 4645, or at funding@chittering.wa.gov.au to discuss their application.

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:

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

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/

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? ☐ Yes ☐ No

All event applications will require the applicant to provide Council with a certificate of currency for Public Liability.

Is your organisation incorporated? ☐ Yes ☐ No

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> 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 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. Alternatively if you would like to fully investigate the benefits of your event or project, Lotterywest has an online platform called the [Community Impact Planner](#), which provides prompts and helps you develop a full program logic.

Input (time, money etc)	Activity (movie night, uniforms etc)	Outcomes / Benefits (increased community connection)

LARGE SCALE EVENTS – ADDITIONAL REQUIREMENTS

Events or Projects with a funding request value over \$2000 are required to provide examples of alignment to the Shire's [Strategic Community Plan](#) (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](#)

Plan / Strategy	Alignment Detail

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 attach a copy of the plan if available.

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BUDGET

(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:		

Please submit your application by no later than 4pm on Friday, 14 November 2025

To: Shire of Chittering
Mail: PO Box 70, Bindoon WA 6502
Address: 6177 Great Northern Highway, Bindoon WA 6502
Email: 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			