COMMUNITY ASSISTANCE AND SPONSORSHIP (CAGS) APPLICATION

Section A: PROJECT / EVENT SUMMARY

Organisation:

Project or Event Title:

Project or Event Date/s: Start Date: Finish Date:

Total Project or Event Cost: $ Requested Funding $

Shire Officer Contact Date:

Will you need any of the following equipment? ☐ Cinema ☐ Marquees ☐ Signage ☐ Works
A temporary booking will be recorded for the event date listed

Section B: ORGANISATION DETAILS

Postal Address: Street number and name / Post Box number

Suburb State Postcode

Contact Person: Phone:

Signature: Date:

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

Is your organisation incorporated? If not, an auspice will be required for the application. ☐ Yes ☐ No

AUSPICING ORGANISATION DETAILS (if applicable) – *Please attach a copy of your auspicing agreement.*

Organisation name:

Organisation address:

Signature: Date:

Chairperson/President/Authorised Person

Print Name:

Position:

If the Auspice is a State Governing Body, who will be managing the funding and acquittal for this grant application? ☐ Organisation ☐ Auspicing Organisation

Section C: FUNDING CATEGORY

Please identify which of the following funding categories you are applying for. You will be required to submit an individual form for each category you are requesting funding for.

☐ **Community Events and Programs**
☐ **Capacity Building and Volunteer Support Initiatives**
☐ **Capital Infrastructure, Signage and Equipment**

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Section D: PROJECT DETAILS / EVENT DETAILS

To assist the Working Group to assess your application, please provide details of your project, including 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.

Proposed Actions / Purchases.

What do you hope to achieve from your project or event?

Have you identified any risks to your project or event? If so, provide details about the risks and how you plan to mitigate them. Attach your Risk Management Plan if you have one.

Who will benefit from your project or event? You may choose more than one.

- ☐ Our organisation
- ☐ Our local community
- ☐ Whole of Shire
- ☐ Adults 18+
- ☐ Local Business
- ☐ Visitors
- ☐ Kids 0-5
- ☐ Kids 6-10
- ☐ Youth 10-17
- ☐ Seniors
- ☐ Elderly/Vulnerable

Other (please list)

Which Council Plan OUTCOME does your project best align with?

- ☐ Communities Connected
- ☐ Rural Way of Life
- ☐ Thriving

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Section E: BUDGET

INCOME			
Income Sources	**Cash (GST EXCL)**	**In-Kind Contribution**	**Confirmed If Yes tick box**
Own (Applicant's) Organisation Contribution	$	$	☐
Shire of Chittering Grant or Sponsorship Requested Funding	$	$	☐
List other sources such as grants being applied for or local sponsorships	$	$	☐
	$	$	☐
	$	$	☐
	$	$	☐
	$	$	☐
Total $ income	$	$	

EXPENDITURE			
Item(s) description	**Cash (GST EXCL)**	**In-Kind**	**Total**
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
Total $ cost of items	$	$	$

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Section F: DECLARATION

I hereby declare that the information supplied here on behalf of the named organisation is correct.

We 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.

The named organisation agrees that should we be successful, we agree to sign the Shire of Chittering Funding Agreement as per the Community Assistance Grants and Sponsorship Guidelines provided to us.

We, as the authorised contacts of the named organisations also declare that we have read the Shire of Chittering Community Assistance Grants and Sponsorship Guidelines and agree to comply with the provisions included.

Applicant Organisation

Name:		Date: / /
Position*: *must be an executive committee member.		
Signature		

Auspicing Organisation

Name:		Date: / /
Position*: *must be an executive committee member.		
Signature		

Please submit your application by no later than 4pm, Wed 25 November 2026

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 or Auspicing agreement if not incorporated
☐	☐	Public Liability Insurance – Certificate of Currency (Where applicable)
☐	☐	Current Financial Statement for the previous financial year (for requests over $1000)
☐	☐	Copies of letters of support from key partners
☐	☐	Statement by Supplier (If you do not have an ABN)
☐	☐	Copy of written quote/s for any costs over $500
☐	☐	Other, please specify.