

COMMUNITY EVENT SPONSORSHIP 3 YEAR APPLICATION



Community Assistance Grants and Sponsorship Funding applications close at 12pm on Thursday, 7 of July 2022.

It is a condition of the funding, that the Applicant contact Alison Reliti, on 9576 4602, to discuss their application and/or attend the online grants information session before making their submission.

Section A: PROJECT / EVENT SUMMARY					
Organisation:					
Event Title:					
Total Yearly Budget:	\$		Requested Yearly Funding	\$	
Shire Officer Contacted	Date:	/	/	Community Grants Workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you need any of the following equipment? <small>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.</small>				<input type="checkbox"/> Cinema <input type="checkbox"/> Signage	<input type="checkbox"/> Marquees <input type="checkbox"/> Works

Section B: APPLICANT ORGANISATION DETAILS					
Postal Address:	<small>Street number and name / Post Box number</small>				
	<small>Suburb</small>		<small>State</small>	<small>Postcode</small>	
Please give the name, telephone and email contact for the person in your organisation who can help us if Council 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:			
<small>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/</small>					
Is your organisation registered for GST?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Is your organisation incorporated?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Do you have Public Liability Insurance? Have you checked that it covers your proposed activity?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
<small>All event applications will required the applicant to provide Council with a certificate of currency for Public Liability.</small>					

Section D: EVENT DETAILS

To assist the Working Group to assess your application, please provide details of your event, including its benefit to the residents of the Shire of Chittering. Applications for over \$1000 pa must provide an Event Management Plan, in addition to this summary.

Event Description – Objectives, Expected Outcomes and Proposed Actions / Purchases.

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Section E: FINANCIAL DETAILS.

BUDGET

Please provide a detailed budget for the **first year** of the event for which you are requesting funding. All costs should be itemised in the space provided below. Quotes are required for costs over \$500. Please note that your income and expenditure should match.

Please note: if you are successful you will be asked to provide a budget outline for your event annually.

(1) Budget Items (i.e. 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
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Total: \$	\$	\$	\$	

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Section H: 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 will sign and adhere to the 3 year MOU created between the Shire of Chittering and the organisation listed above. We understand that every year we will be required to complete a budget summary, event management plan, and an acquittal form. An application to extend the MOU will be included in the Year 3 Acquittal Form.

I, as the authorised person 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*: <small>*must be an executive committee member.</small>		
Bank Account:	-	
	BSB Number	Account Number
Account Name:		

Please submit your application by no later than 12pm on Thursday, 7 July 2022

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. |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Incorporation |
| <input type="checkbox"/> | <input type="checkbox"/> | Current Financial Statement for the previous financial year (for requests over \$1000) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of letters of support from key partners |
| <input type="checkbox"/> | <input type="checkbox"/> | Year 1 Event Management Plan (for requests over \$1000) |
| <input type="checkbox"/> | <input type="checkbox"/> | Statement by Supplier (If you do not have an ABN) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of written quote/s for any costs over \$500 |
| <input type="checkbox"/> | | Other, please specify. |

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Office Use Only		File # 15/01/7					
Officer						Date received:	/ /
Record #	I	Acknowledgement			O		
Outcome	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	Record#	O	Amount	\$	
Purchase Orders	Year 1 -		Year 2 -		Year 3 -		
Year 1 - Acquittal	I	Date	/ /	Invoice #	Amount	\$	
	Paid Date	/ /	Acquitted O		Date	/ /	
Year 2 – Acquittal	I	Date	/ /	Invoice #	Amount	\$	
	Paid Date	/ /	Acquitted O		Date	/ /	
Year 3 – Acquittal	I	Date	/ /	Invoice #	Amount	\$	
	Paid Date	/ /	Acquitted O		Date	/ /	