

COMMUNITY ASSISTANCE AND SPONSORSHIP 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 complete the online grants information session before making their submission.

| 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have the necessary approvals from the owner of the building or property where you intend to hold your event or project? | | | | | <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: 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 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: | | | |
| <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 with your insurer that it covers your proposed activity or event? | | | | | <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 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. | |
| <input type="checkbox"/> 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. | |
| <input type="checkbox"/> 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. | |
| <i>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.</i> | |

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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.

Project Description – Proposed Actions / Purchases.

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.

| (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 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*: <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"/> | 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 | | | | | |
|---------------------------|-------------------------------------|---------------------------------------|---------|-----------|-----------|--------|----|
| Record # | I | Acknowledgement | O | Date rec: | / | / | |
| Outcome | <input type="checkbox"/> Successful | <input type="checkbox"/> Unsuccessful | Record# | O | Amount | \$ | |
| Acquittal | O | Date | / | / | Invoice # | Amount | \$ |
| Paid Date | | Fully Acquitted | O | Date | | | |
| Additional Correspondence | | | | | | | |