

Community Assistance Grants and Sponsorship Funding applications close at 4pm on Friday, 20 of October 2023.

It is a condition of the funding, that the Applicant contact Natalie Van Rooyen, on 9576 4600, to discuss their application and attend the grants information session before making their submission.

Section A: PROJECT / E	VENT SUMMA	RY		
Organisation:				
Project or Event Title:				
Project or Event Date/s:	Start Date:	Finish Date:		
Total Budget:	\$	Requested Funding \$		
<b>Shire Officer Contacted</b>	Date:	Community Grants Workshop Yes No		
·	• •	the owner of the building or property where Yes No		
you intend to hold your ever Will you need any of the fo				
A temporary booking will be recorded	for the event date liste	d above. You will then be sent hire forms which will any relevant payments to confirm your booking.  Cinema Marquees Signage Works		
Section B: ORGANISAT	ION DETAILS			
Postal Address:	Street number and nan	ne / Post Roy number		
	Street number and num	ie / r ost box number		
Please give the name telephone	Suburb and email contact	for the person in your organisation who can help us if we require further		
_		t get consent from this person before recording their details below.		
Contact Person:		Phone:		
Email:		ABN:		
Is your organisation register		ment by Supplier Form available from <a href="https://www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/">www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/</a> Yes  No		
Is your organisation incorpo		Yes No		
your proposed activity or ev		e you checked with your insurer that it covers  Yes No		
All event applications will require the applicant to p		te of currency for Public Liability.		
Section C: FUNDING CATI		and an experience of the control of		
	_	ng categories you are applying for. You will be required to submit 2 forms or ship. In-kind costs associated with Grants or Sponsorship must be		
included in the relevant app		rising in kind costs associated with crants of openiorsing mast be		
Community Assistance				
		nd equipment in the Shire of Chittering. Examples of previously successfu		
grants include uniforms, kid	s play equipmen	t and air-conditioning.		
Community Sponsors	hip Funding (CSF	·)		
		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 notification forms and other appr		wa.gov.au/visit/events/event-organisation-and-promotion.aspx for relevant even		



#### 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: \$	\$	\$	\$	



#### 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 execu	utive committee member.					
Bank Accou		ccount Number				
Account Na		ecount Number				
Plea	se submit your application by no later than 4pn	n on Friday, 20 October 2023				
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 ensu	ure you have included the following items with your application w	here applicable.				
Attached	N/A Details.  Certificate of Incorporation Current Financial Statement for the previous financial year 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.	ear (for requests over \$1000)				



Office Use	<u>Only</u>	FI	ile # 15/01/7		
Record #	I	Date rec:		Acknowledgement	0
Outcome		Successful 🔲 l	Jnsuccessful	Notification Sent:	0
Amount	\$			PO #	
Acquittal	0	Date re	c:	Invoice #	Amount \$
Paid Date		Fully Acquitted	0	Dat	e
Additional Correspondence					