

# Community Assistance Grants and Sponsorship Funding



6177 Great Northern Highway  
PO Box 70  
BINDOON WA 6502

(08) 9576 4600

chatter@chittering.wa.gov.au  
www.chittering.wa.gov.au

Office Use Only					
Officer:				Date:	/ /
Record #	I	Received #	O	Outcome	O
File#	15/01/7	Acquitted	O	Date	/ /

It is a condition of the funding, that the Applicant:

- Contact Alison Reliti, on 9576 4602, to discuss their application and/or attend the grants information workshop before making their submission.
- For applications over \$500, Applicants must have participated in, or contributed to, at least one event in Chittering the previous financial year. **Applications for Community Bus are exempt from this requirement.**

## Section A: PROJECT / EVENT SUMMARY

<b>Organisation:</b>					
<b>Project or Event Title:</b>					
<b>Project or Event Date/s:</b>	<b>Start Date:</b>	/	/	<b>Finish Date:</b>	/ /
<b>Total Budget:</b>	\$				
<b>Requested Funding:</b>	\$				
<b>Shire Officer Contacted</b>	<b>Name:</b>			<b>Date:</b>	/ /
<b>Community Grants Workshop</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Community Events Attended</b>					
<b>Will you need any of the following equipment?</b> <i>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.</i>				<input type="checkbox"/> <b>Cinema</b> <input type="checkbox"/> <b>Marquees</b> <input type="checkbox"/> <b>Signage</b>	

## Section B: APPLICANT DETAILS

<b>Postal Address:</b>	<i>Street Address</i>		
	<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
Please give the name and telephone / 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.			
<b>Contact Person:</b>			<b>Phone:</b>
<b>Email:</b>			
<b>ABN Number:</b>			
If you do not have an ABN, please download, complete and enclose a Statement by Supplier Form available from <a href="https://www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/">https://www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/</a>			
<b>Is your organisation registered for GST?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Is your organisation incorporated?</b> <small>Please enclose a copy of your Certificate of Incorporation.</small>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do you have Public Liability Insurance?</b> <small>All event applications will require the applicant to provide Council with a certificate of currency for Public Liability.</small>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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.

Additional Printing/Photocopying, Works, and Community Bus can be submitted on one form.

**Community Assistance Grants (CAG)**

CAG funding is available to Community Groups and is designed to provide benefits to Shire residents through recreational, sport, social or cultural means. 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)**

Council understands and appreciates the importance of events and programs in creating healthy communities. 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.**

**Community In-Kind Support Funding (CISF) – Community Bus Use**

CISF can be utilised to cover the cost of Community Bus Use for community groups. This is an in-kind allocation not a cash payment. **Please proceed to Section F.**

**Community In-Kind Support Funding (CISF) – Other**

CISF can also be utilised to cover the costs of printing and photocopying as well as Shire staff time, including Administration and Works Crew/Machinery for community groups. This is an in-kind allocation not a cash payment.

**Please proceed to Section G.**

**NB: Printing and Photocopying are required to be supplied print ready.**

**NBB: Please contact the Shire’s Technical Services Department for current hourly costs for staff and machinery before submitting your funding application.**

**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 – Objectives, Expected Outcomes and Proposed Actions / Purchases.

Are you working with any other community groups or businesses in the delivery of this project?

Organisation	Contact Name	Phone

**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 costs over \$500. Please note that your income and expenditure should match.

<b>(1) Budget Items</b> (i.e. what the money will be spent on.	<b>(2) Shire of Chittering Funding</b> (\$ (excl. GST)	<b>(3) Other Cash Funding Amount</b> (\$ (excl. GST)	<b>(4) In-Kind Support -</b> Please estimate the dollar value of the in-kind support (\$)	<b>Source of Other Cash Funding or In Kind Support</b> — Please state if confirmed or unconfirmed
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
<b>Total: \$</b>	\$	\$	\$	

**Section F: COMMUNITY BUS USE**

Please list below any anticipated bus usage. You are welcome to attach an additional document should you not have enough space. More information about the bus booking process can be found on the Shire’s website [www.chittering.wa.gov.au](http://www.chittering.wa.gov.au) or by calling 9576 4600.

<b>Date of Use</b>								
<b>Expected Km’s</b>								

**Section G: OTHER**

Please list below any anticipated printing/photocopying/works requirements. The Shire will require a minimum of **one (1) weeks' notice** for any printing or photocopying, and the information must be supplied in print ready format. The Shire **requires** an estimated date for any works requirements to be submitted with this application for scheduling purposes. Once approved, a works request form will need to be provided with specific details of the works required.

Date	Details. i.e. printing requirements, labour hours, and machinery)	Estimated Cost

**Section H: 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 your right to have access to our personal information, in accordance with the Privacy Act 2000.

I also declare that I have read the Shire of Chittering Community Assistance Grants / 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 4.00pm on Friday, 23 October 2020**

To: Shire of Chittering  
 Mail: PO Box 70, Bindoon WA 6502  
 Address: 6177 Great Northern Highway, Bindoon WA 6502  
 Email: [cdo2@chittering.wa.gov.au](mailto:cdo2@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"/> | <input type="checkbox"/> | Other, please specify.   |