

COMMUNITY FUNDING – LEVEL 1

Application Form

For draft workings only – DO NOT submit this form.

All submissions MUST be completed through the *online application form*. The City recommends you type and save your answers offline, and then copy and paste them into this form.

Before completing your application, please read the Community Grants How to Guide and Community Grants Guidelines.

*I have read and understand the Community Grants Program How to Guide and Community Grants Program Guidelines

*This field is mandatory

Step 1: The Organisation Details

1.1 Organisation Name (same as Incorporation Certificate):

1.2 Is your organisation incorporated?

If YES, please attach a copy of your Incorporation Certificate.

No: you may apply for the costs to become incorporated, OR you may apply for a grant through an 'Auspicing Body.' Contact the Community Development Team for more information on this process.

Please attach an agreement between your organisation and the 'Auspicing Body' including their name, contact, address, email and website. This agreement will state that the 'Auspicing Body' agrees to become the official applicant and will be responsible for managing grant funds and the acquittal process.

ALL the following details must be the eligible organisation's details. e.g., if being Auspiced, the Auspice organisation's details and bank details need to be completed.

| 1.3 | Organisation | Address | Details | (not F | O. | Box) | : |
|-----|--------------|----------------|---------|--------|----|------|---|
|-----|--------------|----------------|---------|--------|----|------|---|

| Street Address: |
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| Suburb / Town / City: |
| State: |
| Postcode: |

| If YES, please provide address details |
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| Street Address: |
| Suburb / Town / City: |
| State: |
| Postcode: |
| 1.5 Organisation Contact Details |
| Contact Person's Name: |
| Contact Person's Position: |
| Phone Number (Direct Line): |
| Email (Direct Email): |
| 1.6 Is your organisation registered with an Australian Business Number (ABN) or Australian Registered Business Number (ARBN)? If YES, Please provide your ABN or ARBN: ABN: If NO, please submit a completed ATO Statement by Supplier Form and attach. If you do not attach this, 48.5% of any approved grant may be withheld. 1.7 EFT Information Electronic Funds Transfer (EFT) is the City's preferred method of payment. Under this method of payment, the City will electronically deposit amounts directly into your nominated bank account. A brief description will appear on your bank statement to identify the payment as being from the City of Gosnells. Notification and details of payments are communicated via mailed remittance advice. |
| Name of Bank: |
| Account Name: |
| BSB Number: |
| Account Number: |
| EFT Information Provided by: |
| Name of Bank: |
| Account Name: |
| BSB Number: |

1.4 Is your postal address different from your organisation address details?

1.8 Does your organisation hold a current certificate of Public Liability Insurance to \$10 million? (MUST be current and will provide cover for the proposed program or event). If YES, please attach a current copy of your Public Liability Insurance certificate. If NO, You must get public liability insurance coverage for the duration of your project activities, or your application is ineligible. 1.9 Please describe your organisation and its purpose in 150 words or less: (How long it has existed, history, current membership including relevant growth, or any other important information to help the City to understand the capacity of your organisation to deliver the project). **Step 2: Project Details** 2.1 What is the title of the program or event 2.2 Project Start Date Your project must start at least two months after the date you submit your application. Your application will be deemed ineligible if the project start date is earlier. The City strongly recommends you submit an application with a minimum of three months prior to your project activities to allow for administration timelines.

Please indicate the specific date when you intend to commence purchasing items for your project.

2.3 Project End Date

Please indicate the specific date which all expenditures will be completed and the proposed project will be successfully delivered.

2.5 Has the venue / location been booked and confirmed?

| 2.6 Are you requesting for in-kind support from the City of Gosnells? |
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| Yes No If YES, Please ensure this in-kind support is detailed within your budget document. |
| Please provide details of the requested in-kind support (see Section 4 in the Community Grants Guidelines for more information) |
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| 2.7 Provide a description of the program or event in 50 words or less. This section should include a concise, clear summary of what the project will entail |
| (who, what, when, where and how). |
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| 2.8 Tell us how your project will deliver initiatives that build community capacity for the City of Gosnells community. (max 250 words) |
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| Assessment Questions: CLICK HERE to read the prompting questions to guide your answers to the following questions. |
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| 2.9 Project Justification Tell us why this project needs to happen. Why is this project important, and how do you know this? (max 250 words) |
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| BDAET |
| 2.10 Community Benefit Tell us how the community will benefit from your project. (max 250 words) |
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| 2.11 Planned Approach Tell us how you are planning to do your project. (max 250 words) | | | | | |
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| 2.12 Access and Opportunity Tell us who will be participating in and accessing your project. (max 250 words) | | | | | |
| lell us who will be participating in and accessing your project. (max 250 words) | | | | | |
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| 2.13 Coordination Tell us who you will be working with on your project. What will they be doing? (max 250 words). |
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| 2.14 Evaluation Tell us how you will know if your project is a success. What will you do to measure this? (max 250 words) |
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Step 3: Provide the budget for the program or event

You MUST use the provided budget template for your application to be considered and deemed eligible.

Category 1 Level 2 funding of the Grants Program can provide a maximum of 50% of the total project cost. You are required to provide 50% of matched funding.

Please CLICK HERE to access an example of this. For more information, please see Section 3 of the Community Grants Guidelines.

It is recommended that applicants who are undertaking a project more than six months after the application date should consider budgeting in an additional 5% to the total cost of their project. This additional amount acts as a contingency due to increased costs in the marketplace, such as materials and equipment.

Fill and upload the Budget Template to indicate your project income and project expenditure.

You MUST attach a quote for items (goods and services) valued at over \$1,000. The quote must be from the intended supplier.

I have used the budget template and attached ALL quotes as required.*

Step 5: Submission

Application checklist (please tick)

I have read and understood the Community Grants How to Guide*

I have enclosed a copy of my organisations Certificate of Incorporation or Auspicing Agreement.*

I have enclosed a copy of my organisations current Certificate of Public Liability Insurance valued to \$10 million.*

I have attached a completed budget on the provided template.*

I have enclosed all quotes for items valued at over \$1,000.*

I have discussed this application with an Officer from the City of Gosnells Community Development Team

Please provide an Officers name and date of contact

I have attended a Community Funding Information session

I have enclosed letters of support

Step 6: Declaration of Applicant

Declaration: I hereby certify that I have been authorised to prepare and submit this application. The information contained herein is true and correct to the best of my knowledge.

| Applicant Full Name: | |
|--------------------------|--|
| Applicant Contact Email: | |
| Organisation Name: | |
| Position Held: | |
| Today's Date: | |