

Our reference: ADM0261

**Please read the Community Groups/Organisations Funding Policy before completing this application. Appropriate supporting documentation must be attached with this application.**

Queries should be directed to:

#### WHO TO CONTACT

Director Corporate & Community Services – Graham Stanley  
T 08 9883 4999.  
E [dccs@boddington.wa.gov.au](mailto:dccs@boddington.wa.gov.au)

Interested parties are encouraged to contact the Shire, to discuss ideas for your project please contact:

W [www.boddington.wa.gov.au](http://www.boddington.wa.gov.au)

 <https://www.facebook.com/SOBoddington/>

Shire of Boddington  
39 Bannister Road  
BODDINGTON WA 6390

Applications will be accepted from:

- Not-for-profit organisations that are based in the Shire of Boddington
- Other applicants who have a proven track record in community support and events

Applications will not be accepted from:

- Individuals seeking support
- Fundraising for third parties
- Academic studies and conference registrations
- Religious and political purposes
- Commercial or advertising requests
- Salaries or overheads
- Activities that contribute to the financial gain of an individual or a business
- Activities considered hazardous or dangerous
- Multi-year activities
- Activities that cannot demonstrate broader community support and participation or required approvals

Due to the high number of applications received, adherence to the guidelines above does not guarantee support from the Shire of Boddington. The Shire retains absolute discretion over its community support program.

Please ensure you have provided information relating to each question. Any unanswered may result in your application not being assessed or a delay in the process.

Any applications received after the due date will not be eligible for consideration.

<b>APPLICANT DETAILS</b>	
Community Group/Organisation	
Contact person for project	
Position held	
Postal address	
Office Hours Telephone	Mobile
Email address	
Incorporation status	Incorporated
Australian Business Number	ABN
Are you registered for GST?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no ABN a Statement by Supplier Form must be completed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total amount requested	
Community Services Officer Contacted	Date contacted

### FUNDING SUMMARY

Applicant Cash Contribution	\$
Applicant In Kind Contribution	\$
Other Cash contribution (specify)	\$
SUB TOTAL	\$
REQUEST FROM COUNCIL	\$
TOTAL PROJECT COST	\$

*Please ensure that you have filled the Budget Breakdown located on the last page of this document out correctly prior to returning your application to the Shire of Boddington for assessment. Failure to do so may result in your application being unsuccessful in this funding round.*

<p><b>BACKGROUND</b></p>	<p>Please provide some background information on your group/organisation and your event/project. Please include group/organisation membership numbers, growth of club, current projects.</p>
<p><b>PROJECT OUTLINE</b></p>	<p>Please give a detailed outline of your event/project.</p>
<p><b>PROJECT BENEFITS</b></p>	<p>Please provide a summary of who will benefit from your project.</p>

<p>How has the need for your project been identified?</p>	
<p>Who is your target market?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Children/Youth</li> <li><input type="checkbox"/> Seniors</li> <li><input type="checkbox"/> Aboriginal/ Torres Straight Islanders</li> <li><input type="checkbox"/> Culturally diverse backgrounds</li> <li><input type="checkbox"/> People with a disability</li> <li><input type="checkbox"/> No specific group</li> <li><input type="checkbox"/> Other</li> </ul>	<p>Please explain.</p>
<p>Have you developed a management plan for your event/project? If so please attach a copy with this application.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you considered the needs of the whole community of Boddington? For example, does the event not clash with other events occurring, are the selected times best meeting the needs of your identified group etc.</p>	<p>Please explain.</p>
<p>How will your event/project positively impact on the community of Boddington?</p> <ul style="list-style-type: none"> <li>• Socially</li> <li>• Economically</li> </ul>	<p>Please explain</p>
<p>Has your group received funding from the Shire in the last 3 years?</p>	<p>Please give details</p>
<p>Who will be responsible for deficient funding, and how will it be funded?</p>	

Please provide details of funding applications made to other organisations and their response.	
How does your group propose to acknowledge the Shire of Boddington for their contribution?	
Project Commencement Date  Project Completion Date	

#### Supporting Documentation

The following must be included with this application:

- Locality, site and design specifications for projects
- Program/ Advertising for events
- An itemised project cost
- Confirmation of financial commitments applied for from other sources
- Current bank statement of club or group applying for funding

#### Declaration by applicant

I, the undersigned, certify that I have been authorised to submit this application and that the information contained herein is to the best of my knowledge true and correct. I understand that I will be required to lodge an acquittal before funds can be paid to my organisation, and that this must happen within 3 months of my event/project.

Name:

Position:

Date:

Signature:

*\*In Kind –the monetary value of the in-kind contributions. That is a non cash input to the project which can be given a dollar value such as unpaid volunteer time, the use of club equipment not being charged back to the club, free use of facility etc.*

BUDGET

INCOME	\$		EXPENDITURE	\$
Applicant Contribution				
Sponsorship				
Other Grants (please list)				
Other Income (please list)				
In-kind				

LOAF AMOUNT REQUESTED

TOTAL EXPENDITURE

TOTAL INCOME