

Community Grant Program

Application Form 2021-22

Round 3 Applications close at 4pm on Thursday, 31 March 2022

Applications can be submitted by mail, email or hand delivered:

Shire of Boddington
39 Bannister Road
Boddington 6390
shire@boddington.wa.gov.au

Please note the outcome of the application will be advised within four weeks of the closing date.

Application Checklist

- Contacted the Community Development team to discuss the proposed project and eligibility for funding.
- Completed all questions in the application form.
- Ensured any attached documents to your application are clearly marked and are in a clear and easy to understand format:
 - Annual financial statement attached for project amounts over \$1,000.
 - Evidence of public liability insurance.
 - Letters of support, including letter of support from auspice organisation (if applicable).

Eligibility

The Applicant is: <ul style="list-style-type: none"> • an incorporated organisation; or • a group auspiced through an incorporated organisation (with written acknowledgement) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Projects meets priority areas identified within the Shire's Community Strategic Plan, and include, but are not limited to the following areas: <ul style="list-style-type: none"> • building capacity within local community groups, volunteers and residents; • supporting our young people; • supporting our older people; • providing opportunity to be healthy and promote wellbeing; • supporting and encouraging cultural diversity and inclusion; • developing and attracting art projects and increasing participation; and • generally building the strength, engagement and cohesion of the community. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For applications to proceed to assessment they must: <ul style="list-style-type: none"> • be lodged on time; • be submitted on the appropriate form; • include the required information, including insurance and financial details; • include agreement from the applicant to acknowledge the Shire if funding is successful; • ensure the applicant demonstrates its ability to manage the project; and • not be due to commence until after the notification date. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered 'No' to any of these questions, please contact the Community Development team.

Applicant Details

Organisation Details This is the group undertaking the project.

Legal Name of Organisation	
Postal Address	
ABN	
Registered for GST	<input type="checkbox"/> Yes <input type="checkbox"/> No
Not-for-profit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incorporated	<input type="checkbox"/> Yes <input type="checkbox"/> No

Organisation Contact This is the person legally authorised to enter into contracts on behalf of the organisation. This is generally the president or chairperson.

Name	
Position	
Telephone	
Mobile	
Email	

Project Details

Which category best describes your community project?

- building capacity within local community groups, volunteers and residents
- supporting our young people
- supporting our older people
- providing opportunity to be healthy and promote wellbeing
- supporting and encouraging cultural diversity and inclusion
- developing and attracting art projects and increasing participation
- generally building the strength, engagement and cohesion of the community
- encourage tourism and increase visitation
- activate local businesses and main streets
- improve, conserve and promote heritage

Project name

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Provide a summary of the project

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Clearly identify what the grant funds will be used for in the project

Which are your main target groups?

- General community
- Children 0-10
- Youth 11-25
- Women
- Men
- Seniors
- Aboriginal or Torres Strait Islander people
- People with disabilities and/or carers
- Other (please specify) _____

Describe how the project will benefit those participating and the community of Boddington

Provide details of any collaborations/partnerships or community groups that will assist in the delivery of this project and outline how they will support the project (provide letters of support where relevant).

Anticipated commencement date

Anticipated completion date

How will you acknowledge the Shire of Boddington's contribution to the project?

Budget Details

Use the table below to list the expenses your project will incur, detail the income and in-kind that will cover the expenses, and identify their source.

Please note Shire of Boddington's contribution is limited to 75% of the total project, and no more than \$2,000.

Income	
Income Items	Amount
Shire of Boddington Community Grant Program Funding	\$
Total Project Income	
In Kind Contributions	
In Kind Items	Amount
Total In Kind Contributions	
Expenditure	
Expenditure Items	Amount
Total Project Expenditure	
Total Project Cost (Total In Kind + Total Expenditure)	

Has your organisation received any type of funding from the Shire of Boddington in the last 2 years? If yes, please provide details below.

Year	Amount	Purpose	Fully Acquitted
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you applied for grant funding from other sources for this project? If yes, please provide details below.

Funding Body/Program	Amount	Status of Application
		<input type="checkbox"/> Confirmed <input type="checkbox"/> Pending
		<input type="checkbox"/> Confirmed <input type="checkbox"/> Pending

Declaration

- I declare the organisation has read and understands the Community Grant Program Guidelines.
- I declare I am the authorised person to submit this application on behalf of my organisation and are authorised to sign legal documents on behalf of the organisation.
- I declare the information provided in this application and attachments is to the best of my knowledge true, correct and discloses all estimates as accurate as possible.
- I understand false or misleading statements listed in this Community Grant Program Application can result in the application being rejected or the withholding of any funds that may be approved as result of this application.
- I declare the organisation applying for the grant funding will complete and submit a Community Grant Program Acquittal Form within 30 days following the project's completion.
- I declare the organisation submitting this form understands this is an application only.

Name		Position	
Signature		Date	