

## APPLICATION FORM

Applications are accepted throughout the year and can be submitted by email, or hand delivered.

The outcome of the application will be advised within one week of the Council Meeting.

## APPLICATION CHECKLIST

<input type="checkbox"/>	Contacted the Community and Economic Development team to discuss the proposed project and eligibility for funding.
<input type="checkbox"/>	Completed all questions in the Application Form
<input type="checkbox"/>	<p>Ensured any attached documents to your application are clearly marked and are in a clear and easy to understand format:</p> <ul style="list-style-type: none"> <li>• Annual financial statement attached for project amounts over \$1,000.</li> <li>• Evidence of public liability insurance.</li> <li>• Letters of support, including letter of support from auspice organisation (if applicable).</li> </ul>

## APPLICATION ACCEPTANCE CRITERIA

<p>Meet the eligibility criteria:</p> <ul style="list-style-type: none"> <li>• Be an incorporated not for profit organisation, or be auspiced by one;</li> <li>• Hold current public liability insurance;</li> <li>• Have no outstanding acquittals or debts with the Shire;</li> <li>• Not have received the maximum allocation of funding within the same financial year;</li> <li>• Not be engaged in a multiyear funding agreement with the Shire; and</li> <li>• Not be an individual, political party, State or Federal Government organisation or school.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Be submitted on the official form by the closing date and completed in full.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Include relevant attachments, such as evidence of insurance, financial information and quotes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Be for projects or programs delivered within the Shire.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Not be retrospective, or commence before the notification date.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Not be for maintenance, or operating costs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Not be for political or fundraising purposes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate the capacity to deliver the project or program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

## 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	
Mobile / Telephone	
Email	

## PROJECT DETAILS

Project Name	
Which <a href="#">Shire of Boddington Council Plan</a> outcome aligns with your project?	
Anticipated commencement date	
Anticipated completion date	
Total Project Cost	
Funding Amount Requested	
Single or Multiyear Funding Agreement	

<b>Provide a summary of the project</b>			
<b>Which are your project's target groups?</b>	<input type="checkbox"/> General community <input type="checkbox"/> Children 0-10 <input type="checkbox"/> Youth 11-25 <input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Seniors <input type="checkbox"/> Aboriginal or Torres Strait Islander people <input type="checkbox"/> People with disabilities and/or carers <input type="checkbox"/> Other (please specify) _____		
<b>Describe how the project will benefit those participating, as well as the broader community.</b>			
<b>Provide details of any collaborations or partnerships that will assist in the delivery of this project, and outline how they will support the project.</b>  <b>Provide letters of support where relevant.</b>	<b>Organisation Name</b>	<b>Contact Details</b>	<b>Describe their involvement</b>
<b>How will you acknowledge the Shire of Boddington's contribution to the project?</b>			
<b>Clearly identify what the Shire's funding contribution will be used for in the project</b>			

## BUDGET DETAILS

Use the table below to evidence all sources of income for this project, proposed and confirmed, cash and in-kind, and how it will be expended. The value of contributions made toward the project by partnering organisations noted previously should be specified in this section.

The budget should align to the proposed project activities and outcomes specified in this application.

Please note Shire of Boddington's contribution is limited to 75% of the total project, and no more than \$3,000 per financial year.

**Do not include GST in the costings below.**

Budget Item (i.e what the funding will be spent on)	This Grant (\$ excluding GST)	Other Cash or Grants (\$ excluding GST)	In-kind Support Please estimate the dollar value of the in-kind support (\$)	Source of Other Cash or In-kind (Please state if confirmed or unconfirmed)
<i>E.g. Catering</i>	\$200	\$200	\$200	<i>Department of XYZ</i>
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	

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

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

**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

## 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 12 weeks following the project's completion.
- ☐ I declare the organisation submitting this form understands this is an application only.

<b>Name</b>		<b>Position</b>	
<b>Signature</b>		<b>Date</b>	