

COMMUNITY FACILITY FUND 2026-27 APPLICATION FORM



2026-27 Applications close at 4pm on Monday 27 April 2026.

Please note the outcome of the application will be advised with one week following the Ordinary Council Meeting in August 2026.

| 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"/> | Ensured any attached documents to your application are clearly marked and are in a clear and easy to understand format: <ul style="list-style-type: none"> • Annual financial statement attached. • Evidence of public liability insurance. • Letters of support, including letter of support from auspice organisation (if applicable). |

| APPLICATION ACCEPTANCE CRITERIA | | |
|--|------------------------------|-----------------------------|
| Meet the eligibility criteria: <ul style="list-style-type: none"> • Be an incorporated not for profit organisation, or be auspiced by one; • Hold current public liability insurance; and • Have no outstanding acquittals or debts with the Shire. | <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 |
| Acknowledge the Shire if funding is successful; | <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 | |
| Location of Project | |
| Project Start and End Date | |
| Total Project Cost | |
| Funding Amount Requested | |
| Provide a summary of the project | |

| <p>Clearly identify what the grant funds will be used for in the project</p> | | | | | | | | | | | | | | | |
|---|--|-----------------|----------------------------|-------------------|-----------------|----------------------------|--|--|--|--|--|--|--|--|--|
| <p>Describe how the project will benefit those participating, as well as the broader community.</p> | | | | | | | | | | | | | | | |
| <p>Provide details of any collaborations or partnerships that will assist in the delivery of this project, and outline how they will support the project.</p> <p>Provide letters of support where relevant.</p> | <table border="1"> <thead> <tr> <th data-bbox="512 920 815 1003">Organisation Name</th> <th data-bbox="815 920 1054 1003">Contact Details</th> <th data-bbox="1054 920 1519 1003">Describe their involvement</th> </tr> </thead> <tbody> <tr> <td data-bbox="512 1003 815 1218"></td> <td data-bbox="815 1003 1054 1218"></td> <td data-bbox="1054 1003 1519 1218"></td> </tr> <tr> <td data-bbox="512 1218 815 1431"></td> <td data-bbox="815 1218 1054 1431"></td> <td data-bbox="1054 1218 1519 1431"></td> </tr> <tr> <td data-bbox="512 1431 815 1644"></td> <td data-bbox="815 1431 1054 1644"></td> <td data-bbox="1054 1431 1519 1644"></td> </tr> </tbody> </table> | | | Organisation Name | Contact Details | Describe their involvement | | | | | | | | | |
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| <p>How will you acknowledge the Shire of Boddington's contribution to the project?</p> | | | | | | | | | | | | | | | |

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 33% of the total project.

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> |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| Total | \$ | \$ | \$ | |

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 Facility Fund 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 Facility Fund 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 Facility Fund 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 | |