

Before completing this form, please ensure:

1. All the information contained in the Program Guidelines is read and understood.

Activate Goomalling Grant Program 2023 – Round 3

**Application Form**

## Section One – Applicant Details

**1.1** **Organisation**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal name of organisation: |  | | |
| Trading name (if applicable): |  | | |
| Postal address: |  | | |
| Suburb: |  | Postcode: |  |
| Telephone: |  | | |

### 1.2 Brief description of your organisation

Please provide details on the year established, your organisation’s mission and purpose.

### 1.3 Entity type

Please tick the box which best describes your organisation:

* Incorporated association
* Local government authority
* Not-for-profit trust
* Aboriginal corporation
* Not-for-profit company
* Unincorporated group   
  Other   
  Please detail:

### 1.4 Contact person

List the contact person responsible for the daily co-ordination of the project.

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Telephone |  |
| Mobile |  |
| Email |  |

### 1.5 Committee

List the current management committee name and phone

|  |  |
| --- | --- |
| President |  |
| Vice President |  |
| Secretary |  |
| Treasurer |  |
| Other (please specify) |  |

### 1.6 How does your organisation raise funds

Please provide a copy of your latest financial statements as an attachment to this application.

### 1.7 Sponsoring organisation

If your organisation is incorporated, please skip this question.

If your organisation is **not** incorporated, the grant can be applied for by a not-for-profit incorporated organisation or the Shire of Goomalling. The sponsoring organisation will be responsible for accepting and adhering to the conditions of the grant, maintaining financial records and providing acquittal information, should this application be successful.

The sponsoring organisation’s legally authorised officer must sign the declaration in Section Five and the taxation and bank details in Section Six.

|  |  |  |  |
| --- | --- | --- | --- |
| Legal name of incorporated sponsoring organisation: |  | | |
| Trading name  (if applicable): |  | | |
| Contact person: |  | | |
| Postal address: |  | | |
| Suburb: |  | Postcode: |  |
| Telephone: |  | | |
| Email: |  | | |

## Section Two – Project Details

### 2.1 Project/Program Name:

### 2.2 Please tick the box that best describes the type of event/activity you will hold.

* Equipment
* Small capital project
* Workshop, seminar or speaker
* Expo
* Excursion or day trip
* Community event, i.e. a movie
* Sport activity
* Educational Activity
* Arts Activity
* Environment Protection/Conservation
* Other, please describe

### 2.3 Please tick the box that best describes your target audience

* youth
* low socio-economic people
* Aboriginal people
* People with disability
* children
* aged people
* wider community
* Other, please describe

### 2.4 Project/event/program description:

### 2.5 What are the benefits of your project/program to the community?

### 2.6 How does you project/program/activity align with the grant project objectives and outcomes.

### 2.7 Timeline of your project.

|  |  |
| --- | --- |
| Event/program/project start date: |  |
| Event/program/project completion date: |  |
| Event/Program address/location(s): |  |

### 2.8 Community partnerships

What other groups or organisations are involved in planning and implementing the event or activity. Please list ALL the organisations involved, including contact details and the contribution.

|  |  |  |
| --- | --- | --- |
| **Organisation Name** | **Contact Person/Phone** | **How is this organisation involved?** |
| e.g. XYZ Council | John Smith, 0455 555 555 | On planning committee, providing free venue hire |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Section Three – Project Budget

It is important to show how the grant would be expended and any cash and in-kind contributions, from the applicant or project partners, expected to support the project.

**Please provide at least two quotes to support budget\*\*\*or explanation as to why only one can be provided.**

**Preference is given to support of local businesses and suppliers**

Use the table below to show where the project income is coming from and how it will be spent. The requested Activate Goomalling Grant amount of between $500 and $2,000 should be detailed separately, at column 2. If funds will be obtained from other sources to support the project, it is important to show evidence of where the money is coming from, at column 5.

**Do not include GST in your costings.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(1)**  **Budget Items** (i.e. what the money will be spent on | **(2)**  **This Grant Amount** ($) (excl. GST) | **(3)**  **Other Funding Amount** ($) (excl. GST) | **(4)**  **In-Kind Support** Please estimate the dollar value of the in-kind support ($) | **(5)**  **Source of Other Funding or In-kind Support** Please state if confirmed or unconfirmed |
| For example: Catering | $500.00 | $2000.00 | $500 | Shire of XYZ Confirmed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Section Four – Grant Conditions

Grants provided through the Thank a Volunteer Day Grants Program 2021 are subject to the following terms and conditions:

1. The grant is to be used solely for the specified purpose approved by Goomalling Community Opshop during the funding period.
2. Written approval must be sought from Goomalling Community Opshop for any request to vary the approved purpose of the grant or seek an extension to the funding period.
3. Any part of the grant that is not used in accordance with Condition 1 must be repaid to Goomalling Community Opshop unless prior written approval is obtained.
4. Should the activities for which the grant was approved cease or should the grant agreement be terminated due to a breach of the any of these Conditions, then:
   1. the balance of the grant, unspent in accordance with the approved purpose of the grant, must be repaid to Goomalling Community Opshop within ten business days, and
   2. any property acquired with the grant must be transferred to another not-for-profit organisation with similar objectives and purposes to the recipient organisation, upon approval by Goomalling Community Opshop.
5. Providing a grant does not entitle a recipient organisation to be provided any further funding than that specified in the grant agreement.
6. Goomalling Community Opshop will not be held responsible for the success of the approved purpose for which the grant is provided or for any losses or additional costs incurred that are associated with the approved purpose.
7. Any documents or information relating to the grant or the approved purpose must be provided to Goomalling Community Opshop within ten business days of the request.
8. All payment conditions and reporting requirements must be met, as specified by Goomalling Community Opshop.
9. All Local, State and Commonwealth laws applicable to the approved purpose must be abided by and complied with at all times.
10. Any project that involves working with children must ensure that the recipient organisation and all employees and volunteers comply with the *Working with Children (Criminal Record Checking) Act 2004*. Please refer to the Working with Children Check website for further information [www.workingwithchildren.wa.gov.au](http://www.workingwithchildren.wa.gov.au/).
11. Goomalling Community Opshop is not liable for any accident or negligence resulting in any claim or damage arising from activities undertaken as part of the grant.
12. Recipient organisations are required to be appropriately incorporated and be responsible for ownership of the appropriate insurance policies. This includes, but is not limited to, Public Liability, Volunteer Insurance, Workers’ Compensation, and Professional Indemnity.
13. An acknowledgement of funding assistance provided by Goomalling Community Opshop must be included in any advertising and on any material relating to the project by using the words ‘Supported by the Goomalling Community Opshop – Activate Goomalling Grant”.
14. Any individuals involved with the project must not be exposed to significant promotions for alcohol or unhealthy food and drinks during the term of the project.
15. If any of the terms or conditions are breached by the recipient organisation, Goomalling Community Opshop may terminate the grant agreement at any time and without giving prior notice.
16. If you breach any of these terms and conditions, the Goomalling Community Opshop can terminate the arrangement at any time without giving you prior notice.

## Section Five - Declaration

On behalf of the applicant organisation, I declare that:

* I am currently authorised to legally enter into contracts on behalf of the organisation, according to its constitution or as bound by law.
* All the information provided in this application, including any attachments, is true and correct.
* The taxation and banking details entered in this application are true and correct.
* The organisation is financially viable and able to meet all accountability requirements.
* I give permission to the Goomalling Community Opshop, when applicable, to contact any persons or organisation in the processing of this application and I understand that information may be provided to other agencies, where appropriate.
* If a grant is provided:
  + I am aware the Grant Conditions outlined in this document will apply to ensure a project is appropriately completed and accountability requirements are met.
  + I agree to ensure that appropriate insurances are in place (including but not limited to worker’s compensation, volunteers, professional indemnity, public liability, motor vehicle, etc.).
  + I agree to undertake the project as stated and provide the required qualitative and financial reports to demonstrate that the grant was expended in accordance with the agreement.
  + I agree to acknowledge Goomalling Community Opshop – Activate Goomalling Grant Program.

|  |  |
| --- | --- |
| Name of the organisation |  |
| Legally authorised officer name |  |
| Legally authorised officer position |  |
| Legally authorised officer telephone |  |
| Legally authorised officer email |  |
| Legally authorised officer signature |  |
| Witness name |  |
| Witness signature |  |
| Date |  |

## Section Six – Taxation and bank details of the organisation managing the grant funds

**Taxation details**

|  |  |
| --- | --- |
| ABN |  |
| Is your organisation registered for GST? | Yes  No |

**Bank account details**

|  |  |
| --- | --- |
| Bank name |  |
| Bank branch (suburb) |  |
| Name of bank account (e.g. Youth Group Inc.) |  |
| BSB number (must be 6 digits) |  |
| Bank account number (up to 9 digits) |  |

**I confirm that the above taxation and banking details are true and correct.**

Signature: Date:

## Application Checklist

Before applying, ensure the following have been completed and checked:

|  |  |
| --- | --- |
| **Checklist item** | **Complete** |
| The Guidelines and Grant Conditions have been read and understood by the authorised signatory or delegate of the administering organisation, and any other relevant parties. |  |
| Partnerships with other volunteer involving organisations have been listed as per Section 2.6 |  |
| All questions in the application form are complete. |  |
| The application has addressed all selection criteria specified in the program Guidelines. |  |
| The taxation and banking details of the administering organisation have been entered and are correct. |  |
| The declaration has been signed by the authorised signatory or delegate of the administering organisation. |  |
| All attachments have been included in the application (i.e. project plan, letters of support, etc.), where applicable. |  |

## Applications close

Applications close at **4pm, on Monday 1 May 2023** and will be accepted:

via **email:** cdo@goomalling.wa.gov.au (preferred)

**in person** to: 32 Quinlan Street, Goomalling WA 6460 OR

**Post to:** PO Box 118, Goomalling WA 6460

**Applications received after the closing date will not be accepted.**

All applications will be acknowledged via email within five business days of receipt. Contact the 08 96291101 or [cdo@goomalling.wa.gov.au](mailto:cdo@goomalling.wa.gov.au) to confirm receipt if no acknowledgement is received by this time.