

## Community Grants Program (CGP) Application Form

**Round 1: Open between 1 July and 31 August.** To be considered at the Public Ordinary Council Meeting in September.

**Round 2: Open between 1 February and 31 March.** To be considered at the Public Ordinary Council Meeting in April.

**LATE APPLICATIONS WILL NOT BE ACCEPTED.**

The Community Grants Program offers three categories, allowing applicants to select the one that best fits their needs.

1. Minor Community Grant under \$5,000 (ex GST)
2. Major Community Grant over \$5,000 (ex GST)
3. Triennium Community Grant (minor and major available)

APPLICATION ROUND/YEAR	
Which round and financial year are you applying for? (eg. R2 - 2023/24)	
What category are you applying for? (minor, major or triennium)	
GROUP/ORGANISATION DETAILS	
Group/Organisation:	
Postal address:	
ABN:	
Does your group/organisation have Public Liability Insurance?	<input type="checkbox"/> Yes (please attach a copy of your Certificate of Currency) <input type="checkbox"/> No – you will need an auspicing organisation with a current Public Liability Insurance policy and provide a copy of their Certificate of Currency.
Is your group/organisation (or auspicing organisation) registered for the Goods and Services Tax (GST)?	<input type="checkbox"/> Yes <input type="checkbox"/> No- Please complete and attach a <b>Statement by Supplier</b> form available on the Shire website <a href="https://www.katanning.wa.gov.au/documents/">https://www.katanning.wa.gov.au/documents/</a> <i>If your group is required to be registered but hasn't completed this step, the Shire is obligated to withhold 46.5% of any grant awarded to you and forward it to the Tax Office</i> <i>If your group is exempt from GST registration, you are required to submit a <b>Statement by a Supplier</b> form. Without this form, in compliance with Federal Government regulations, we will be obligated to withhold 46.5% of any grant for tax purposes.</i>
Is your group/organisation an Incorporated Association, Not for Profit Company or any other type of institution? (Please tick all that apply)	<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Not for Profit Company or charity <input type="checkbox"/> Other (please specify) _____ <i>If you are not an Incorporated Association, Not for Profit Company, charity or other appropriate organisation you must have an auspicing organisation that will manage the funds and provide a Certificate of Currency for Public Liability Insurance.</i> <i>Please attach a letter of support from the auspicing organisation and a copy of their Certificate of Currency.</i>

GROUP/ORGANISATION CONTACT PERSON	
<b>Contact Title &amp; Name</b> <i>E.g. Mr Joe Bloggs</i>	
<b>Position title within the group/organisation:</b>	
<b>Contact number: (mobile preferred)</b>	
<b>Email:</b>	

GROUP/ORGANISATION ALTERNATE CONTACT PERSON	
<b>Contact's Title &amp; Name</b>	
<b>Position held within the group/organisation:</b>	
<b>Contact number: (mobile preferred)</b>	
<b>Email:</b>	

AUSPICING ORGANISATION (IF APPLICABLE)	
<b><i>Auspicng organisation name:</i></b>	
<b><i>ABN of auspicng organisation:</i></b>	
<b><i>Contact Person, Title &amp; Name</i></b> <i>Eg. Mr Joe Blogs</i>	
<b><i>Position title within the group/organisation:</i></b>	
<b><i>Contact numbers:</i></b>	
<b><i>Email:</i></b>	

**ABOUT THE APPLYING GROUP/ORGANISATION**

**Briefly describe your group/organisation's goals?**

**Describe all services/activities your group/organisation provides to the community?**

**Select your main target groups?**

- |  |                                  |  |
|--|----------------------------------|--|
| <input type="checkbox"/> General community | <input type="checkbox"/> Women   | <input type="checkbox"/> Aboriginal or Torres Strait Islander people |
| <input type="checkbox"/> Children 0-10     | <input type="checkbox"/> Men     | <input type="checkbox"/> People with disabilities and/or carers      |
| <input type="checkbox"/> Youth 11-25       | <input type="checkbox"/> Seniors | <input type="checkbox"/> Other (please specify) _____                |

**If your application is successful, how will you recognise the Shire of Katanning's contribution to this project?**

- |  |  |
|--|--|
| <input type="checkbox"/> Press release.          | <input type="checkbox"/> Logo on Banners/Posters   |
| <input type="checkbox"/> Annual report inclusion | <input type="checkbox"/> <b>If purchasing equipment:</b> You will need to attach a label or plaque on the item/s purchased recognising the Shire's contribution. |
| <input type="checkbox"/> Social media posts      | <input type="checkbox"/> Other (please specify) _____  |
| <input type="checkbox"/> Logo on promo flyers    |  |

**Has your organisation received funding from the Shire in the last two years?**

Please note you cannot apply for a CGP more than once within the same financial year (this includes the Community Financial Assistance Program).

- No – [skip to Project Details section](#)
- Yes – [please answer below questions](#)

***If applicable, please list the dates and amounts of funding received from the Shire in the last two years.***

<i>Date</i>	<i>Amount</i>

***Has your organisation provided a completed acquittal to the Shire for each grant received?***

- Yes - The organisation's acquittal has been received and accepted by the Shire.
- No - If a previous grant has not been acquitted with the Shire **you are not eligible to apply.**

**PROJECT DETAILS**

**Project Title**

**Please outline your project/funding requirements:** (attach an extra page if required)

**Funding Requested** (excluding GST)

\$

**Total Project Cost** (excluding GST, please include in-kind and financials)

\$

**Provide a timeline for your project including start and finish dates and any milestones.** (Attach a separate page for timeline if required.)

**How and where will your project/purchases take place?**

**What is your group/organisation's contribution to this project? Please include in-kind and financial.**

**How many people do you expect to attend/participate in your project/event?**

**How many people from the Katanning community do you expect to attend/participate in your project/event?**

**What benefits will your project provide to the Katanning community?**

**Explain how you know this project is needed and is supported by the community? (research?)**

**Name any other groups/individuals that will be involved in the project? (Attach letters of support)**

**If you are applying for funds to purchase equipment, describe what equipment and how it will be used in the future?**

**If your CGP application is unsuccessful, how will the project be delivered?**

**PROJECT QUOTE RECORD**

**THREE** quotes are required for goods or services purchased with grant funds. At least one quote from a local supplier is required if the item/s is available locally. Please include all quotes with application.

**Detailed description of the goods and/or services to be purchased with grant funds if successful:**

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**LIST OF SUPPLIERS INVITED TO SUBMIT QUOTATIONS: (who you approached for quotes)**

**SUPPLIER 1**

<b>Supplier</b>		<b>Quote \$ (ex GST)</b>	
<b>Contact Name</b>		<b>Contact Number</b>	
<b>Delivery</b>		<b>Availability</b>	

**SUPPLIER 2**

<b>Supplier</b>		<b>Quote \$ (ex GST)</b>	
<b>Contact Name</b>		<b>Contact Number</b>	
<b>Delivery</b>		<b>Availability</b>	

**SUPPLIER 3**

<b>Supplier</b>		<b>Quote \$ (ex GST)</b>	
<b>Contact Name</b>		<b>Contact Number</b>	
<b>Delivery</b>		<b>Availability</b>	

**Have three quotations been obtained:**

Yes       No

**If no, please explain the reason for not obtaining three quotes:**

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**Is the quotation accepted, the lowest price?**

Yes       No

**If no, please explain the reason for not accepting the lowest price:**

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### DECLARATION FROM ORGANISATION AUTHORISED REPRESENTATIVE

I declare that the organisation I represent does not operate for profit and the information provided in this application is true and accurate. I agree to abide by the Shire of Katanning's CGP Guidelines and any funds received will be used for the purpose nominated in this application only.

#### Signed by TWO senior members of organisation:

<b>Full name:</b>		<b>Full name:</b>	
<b>Position held:</b>		<b>Position held:</b>	
<b>Signature:</b>		<b>Signature:</b>	
<b>Date:</b>		<b>Date:</b>	

### DECLARATION FROM AUSPICE ORGANISATION (if applicable)

I declare that no funding will be retained or returned to the auspice organisation by way of fees/charges or administration costs, etc. I agree to manage the funds on behalf of \_\_\_\_\_ and abide by the CGP Guidelines.

#### Signed by TWO senior members of auspice Organisation:

<b>Full name:</b>		<b>Full name:</b>	
<b>Position held</b>		<b>Position held</b>	
<b>Signature:</b>		<b>Signature:</b>	
<b>Date:</b>		<b>Date:</b>	

### CHECKLIST

#### Please ensure you have:

- Read the application guidelines carefully.                       Completed **ALL** sections of the Application Form
- Attached Copies of **ALL** required quotes for **all** expenditure
- Attached Certificate of Currency for organisation/auspice Public Liability Insurance
- Attached a Letter of Support from the auspice organisation (if applicable)
- Attached a Statement of Supplier form (if applicable)                       Attached project timeline
- Attached additional Letters of support from other groups to strengthen your application

**PLEASE SEND ALL COMPLETED APPLICATIONS AND ATTACHMENTS ADDRESSED TO:**

**ATTN: Carly Watts, Community Relations Officer**

**Email:** [publicrelations@katanning.wa.gov.au](mailto:publicrelations@katanning.wa.gov.au)      or      **Post:** PO Box 130, Katanning WA 6317  
**or deliver in person to:** 52 Austral Terrace, Katanning.