

**COMMUNITY FINANCIAL ASSISTANCE PROGRAMME (CFAP) APPLICATION FORM**

If you are applying for funding for more than one project- a separate form MUST be completed for each project. Please provide all additional documents as requested. Late applications will not be accepted.

**DETAILS OF YOUR GROUP/ORGANISATION**

**Group/organisation name:**

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**Postal address:**

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**Contact person:**

Title: Mr, Ms, Mrs, Miss (please circle)

First name: Surname:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position title in the group/organisation:**

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**Contact number:**

Work: Mobile:

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**Email:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative contact person:**

Title: Mr, Ms, Mrs, Miss (please circle)

First name: Surname:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position title in the group/organisation:**

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**Contact number:**

Work: Mobile:

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**Email:**

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**Is your group/organisation an Incorporated Association, Not for Profit Company or any other type of institution?**

* Incorporated Association
* Not for Profit Company or charity
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

Please attach a letter of support from the auspicing organisation and a copy of their Certificate of Currency.

***If applicable:***

***Auspicing organisation name:***

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***Contact person:***

*Title: Mr, Ms, Mrs, Miss (please circle)*

*First name: Surname:*

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***Address:***

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***Contact number:***

*Work: Mobile:*

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***Email:***

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***ABN of auspicing organisation:***

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**REQUIREMENTS**

**Organisation ABN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your group/organisation have Public Liability Insurance?**

* Yes (please attach a copy of your Certificate of Currency)
* No – you will need an auspicing organisation to apply for the CFAP that has a Certificate of currency)

**Is your group/organisation (or auspicing organisation) registered for the Goods and Services Tax (GST)?**

* Yes
* No- Please complete and attach a Statement by supplier form available at www.ato.gov.au/uploadedFiles/Content/MEI/downloads/BUS38509n3346\_5\_2012.pdf

If your group is required to be registered but has not done so, the Shire is required to withhold 46.5% of any grant we provide to you and remit it to the Tax Office.

If your group is not required to be registered for GST, you must provide us with a Statement by a supplier form, or as required by the Federal Government we will withhold 46.5% of any grant for tax purposes.

**Briefly Describe:**   
**Your group/organisation’s aims?**

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

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**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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Press release
* Annual report
* Social media
* Flyers
* Banners/Posters
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Equipment purchase: You will need to attach a sticker or plaque on the item/s purchased recognising the Shire’s contribution.

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

**Please note you cannot apply twice for the CFAP in one financial year.**

* Yes
* No

If yes, please detail below:

Year: Amount:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year: Amount:

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**Has your organisation provided an acquittal to the Shire for each grant?**

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

**DETAILS OF YOUR PROJECT**

**Please outline your project/funding request?**

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

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**How much funding are you applying for through the CFAP (ex GST)?**

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**What is your group/organisation’s contribution to your project? Please include inkind and financials.**

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**How many people do you anticipate will attend/participate in your project once completed?**

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**How many people from the region do you anticipate will attend/participate in your project once completed?**

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

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**Explain how you know the project is needed by the community?**

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**Explain how you know the project is supported by the community?**

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

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**On what date/dates will your project start and finish? (Please attach a timeline for your project if applicable**)

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

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

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**PROJECT QUOTE RECORD**

Three quotes are recommended for your application. At least one quote from a local supplier is required if the item/s is available locally. Please submit all quotes with your application.

**Detailed description of the good and/or services:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**List of suppliers invited to submit quotations:**

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| --- | --- | --- | --- | --- |
| Supplier | Contact Name/Number | Quote $ (ex GST) | Delivery | Availability |
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**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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**Please note that applications with multiple funders/contributors are favoured.**

**PLEASE INCLUDE ALL INKIND AND CASH CONTRIBUTIONS.**

**Inkind hours:** Please visit <https://volunteeringwa.org.au/resources/volunteer-benefits-calculator/> to determine your organisations inkind hours for the project.

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| --- | --- | --- |
| **PROPOSED PROJECT INCOME** | **BUDGET (ex GST)** | **STATUS** |
| *For example: CFAP grant request* | *1000* | *Unconfirmed* |
| *For example: Own organisation cash contribution* | *500* | *Confirmed* |
| *For example: Own organisation in-kind contribution* | *200* | *Confirmed* |
| *For example: Lotterywest grant* | *2000* | *Pending* |
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| **TOTAL INCOME** |  |  |
| **PROPOSED PROJECT EXPENDITURE** | **BREAKDOWN (ex GST)** | **FUNDING SOURCE** |
| *For example: Newspaper Advertisement* | *500* | *CFAP* |
| *For example: Purchase of chairs and tables* | *500* | *CFAP* |
| *For example: Clown entertainment* | *500* | *Own organisation cash contribution* |
| *For example: Venue hire* | *200* | *Own organisation in-kind contribution* |
| *For example: Bouncy Castle hire* | *2000* | *Lotterywest* |
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|  |  |  |
| **TOTAL EXPENDITURE** |  |  |

**DECLARATION FROM ORGANISATION**

We declare that the organisation we represent does not operate for profit and the information given in this document is true and accurate. We agree to abide by CFAP Guidelines and funding received will be used for the purpose nominated in this application.

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

Full name: Full name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position title: Position title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DECLARATION FROM AUSPICE ORGANISATION (if applicable)***

*We declare that no funding will be returned to the auspice organisation in the form of fees, administration costs, etc. We agree to manage the funds on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and abide by the CFAP Guidelines.*

***Signed by TWO senior members of the auspicing organisation:***

*Full name: Full name:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Position title: Position title:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: Signature:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: Date:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send this application via one of the following:**

**Mail**

Shire of Katanning

PO Box 130, Katanning, WA, 6317

**Email**

admin@katanning.wa.gov.au

**In person**

16-24 Austral Terrace, Katanning

Checklist of items to attach:

* Letter of support from auspice organisation (if applicable)
* Copy of Certificate of Currency for Public Liability Insurance
* Statement of Supplier (if applicable)
* Letter of support from other groups
* Project timeline (if applicable)
* Copies of quotes for all expenditure requested through the CFAP