

File Number: GS.AE.1

Reference: \_\_\_\_\_\_\_\_\_\_

# Community Grants Program (CGP) Application Form 2021/2022

**Community Grants Program applications close on 30 November 2021 and will go to the Public Ordinary Council Meeting in December 2021. Late applications will not be accepted.**

There are three CGP categories that are available in the Community Grants Program:

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)

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| **GROUP/ORGANISATION DETAILS** | |
| **Group/organisation name:** |  |
| **Postal address:** |  |
| **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 CGP 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 on the Shire website <https://www.katanning.wa.gov.au/documents/>  *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.* |
| **Is your group/organisation an Incorporated Association, Not for Profit Company or any other type of institution? *(Please tick all that apply)*** | 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.* |

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| **GROUP/ORGANISATION CONTACT PERSON** | |
| **Contact Title & Name**  *Eg. Mr Joe Bloggs* |  |
| **Position title in the group/organisation:** |  |
| **Contact numbers:** |  |
| **Email:** |  |
| **GROUP/ORGANISATION ALTERNATE CONTACT PERSON** | |
| **Contact Person Title & Name** *Eg. Mr Joe Blogs* |  |
| **Position title in the group/organisation:** |  |
| **Contact numbers:** |  |
| **Email:** |  |

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| **AUSPICING ORGANISATION (IF APPLICABLE)** | |
| ***Auspicing organisation name:*** |  |
| ***ABN of auspicing organisation:*** |  |
| ***Contact Person Title & Name*** *Eg. Mr Joe Blogs* |  |
| ***Position title in the group/organisation:*** |  |
| ***Contact numbers:*** |  |
| ***Email:*** |  |

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| **ABOUT GROUP/ORGANISATION** | | | | | | | | |
| **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  Equipment purchase: You will need to attach a sticker or plaque on the item/s purchased recognising the Shire’s contribution.  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Has your organisation received funding from the Shire in the last two years?**  Please note you cannot apply twice for the CGP in one financial year (this includes the Community Financial Assistance Program). | | | | | | | | |
| No – skip to Project Details  Yes – please answer below questions | | | | | | | | |
| ***If applicable, please list the years and amounts of funding from the Shire in the last two years.*** | | | | | | | | |
| ***Year*** |  | | | | ***Amount*** | | |  |
| ***Year*** |  | | | | ***Amount*** | | |  |
| ***If applicable, 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. | | | | | | | | |
| **PROJECT DETAILS** | | | | | | | | |
| **Project Title** | |  | | | | | | |
| **Please outline your project/funding request?** | | | | | | | | |
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| **Funding Requested** (excluding GST) | | | | | | |  | |
| **Total Project Cost** (excluding GST, please include in-kind and financials) | | | | | | |  | |
| **On what date/dates will your project start and finish? (Please attach a timeline for your project if applicable**) | | | | | | | | |
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| **How and where will your project/purchases take place?** | | | | | | | | |
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| **What is your group/organisation’s contribution to your project? Please include in-kind 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 and 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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| **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 CGP, 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:** | | | |
| **SUPPLIER 1** | | | |
| **Supplier** |  | **Quote $ (ex GST)** |  |
| **Contact Name** |  | **Contact Number** |  |
| **Delivery** |  | **Availability** |  |
| **SUPPLIER 2** | | | |
| **Supplier** |  | **Quote $ (ex GST)** |  |
| **Contact Name** |  | **Contact Number** |  |
| **Delivery** |  | **Availability** |  |
| **SUPPLIER 3** | | | |
| **Supplier** |  | **Quote $ (ex GST)** |  |
| **Contact Name** |  | **Contact Number** |  |
| **Delivery** |  | **Availability** |  |
| **Have three quotations been obtained:** | | | |
| Yes  No  **If no, please explain the reason for not obtaining three quotes:** | | | |
| **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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| **PROJECT BUDGET** | | |
| **Please note that applications with multiple funders/contributors are favoured.**  **PLEASE INCLUDE ALL INKIND AND CASH CONTRIBUTIONS.**  **Use** [**https://gstcalculator.com.au/**](https://gstcalculator.com.au/) **to obtain the amounts excluding GST.**  **Inkind hours:** Please visit <https://volunteeringwa.org.au/resources/volunteer-benefits-calculator/> to determine your organisations inkind hours for the project. | | |
| **PROPOSED PROJECT BUDGET** | **BUDGET (ex GST)** | **STATUS** |
| *For example: CGP 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:** |  |  |

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| **PROJECT COSTS** | | | | | |
| **PROPOSED PROJECT COSTS** | | **BREAKDOWN (ex GST)** | | | **FUNDING SOURCE** |
| *For example: Newspaper Advertisement* | | *500* | | | *CGP* |
| *For example: Purchase of chairs and tables* | | *500* | | | *CGP* |
| *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 CGP 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:** |  | | |

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| ***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 CGP Guidelines.* | | | |
| ***Signed by TWO senior members of organisation:*** | | | |
| ***Full name:*** |  | ***Full name:*** |  |
| ***Position title:*** |  | ***Position title:*** |  |
| ***Signature:*** |  | ***Signature:*** |  |
| ***Date:*** |  | ***Date:*** |  |

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| **CHECKLIST** |
| **Please ensure you have:**  Read the application guidelines carefully  Completed **ALL** sections of the Application Form  Attached Copies of quotes for all expenditure requested through the CGP  Attached a Copy of Certificate of Currency for Public Liability Insurance  Attached a Letter of Support from the auspice organisation (if applicable)  Attached a Statement of Supplier (if applicable)  Attached a Project timeline (if applicable)  Attached any Letters of support from other groups |

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

**Mail Email In person**

Shire of Katanning [admin@katanning.wa.gov.au](mailto:admin@katanning.wa.gov.au) 52 Austral Terrace, Katanning

PO Box 130, Katanning, WA, 6317