



# Shire of Pingelly Community Grants Scheme Application Form

APPLICATION DETAILS (PLEASE PRINT CLEARLY)

ORGANISATION NAME

NAME OF APPLICANT

POSITION HELD

STREET ADDRESS

TELEPHONE NUMBER(S)

EMAIL ADDRESS

REQUESTED GRANT AMOUNT (UP TO \$5,000)

ABN

IS YOUR ORGANISATION REGISTERED FOR GST?

YES

NO

IS YOUR ORGANISATION NOT-FOR-PROFIT?

YES

NO

IS YOUR ORGANISATION INCORPORATED?

YES

NO

WHAT ARE THE PRIMARY SERVICES/ACTIVITIES PROVIDED BY YOUR ORGANISATION?

WHAT ROLE DO VOLUNTEERS PLAY IN YOUR ORGANISATION?

**PROJECT DETAILS (PLEASE PRINT CLEARLY)**

**WHICH CATEGORY BEST DESCRIBES YOUR COMMUNITY PROJECT?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> TOURISM                    | <input type="checkbox"/> DISABILITY SERVICES | <input type="checkbox"/> EMERGENCY SERVICES           |
| <input type="checkbox"/> MULTICULTURAL & INDIGENOUS | <input type="checkbox"/> ARTS & CULTURE      | <input type="checkbox"/> HEALTH                       |
| <input type="checkbox"/> YOUTH/CHILDREN             | <input type="checkbox"/> SPORT & RECREATION  | <input type="checkbox"/> BUSINESS SUPPORT/DEVELOPMENT |
| <input type="checkbox"/> SENIORS                    | <input type="checkbox"/> CRIME PREVENTION    | <input type="checkbox"/> EVENTS & ENTERTAINMENT       |

**PROJECT, EVENT OR ACTIVITY NAME**

**PROVIDE A SUMMARY OF THE PROJECT, EVENT OR ACTIVITY**

**CLEARLY IDENTIFY WHAT THE GRANT FUNDS YOU ARE APPLYING FOR WILL BE USED FOR IN THE PROJECT**

**HOW DID YOU GO ABOUT IDENTIFYING THE NEED FOR THIS PROJECT WITHIN THE PINGELLY COMMUNITY AND WHO WAS INVOLVED IN THIS PROCESS OF IDENTIFICATION**

**OUTLINE THE EXPECTED PARTICIPATION DETAILS (IE NUMBERS, AGE, GENDER, NATIONALITY)**

**DESCRIBE HOW THE PROJECT WILL BENEFIT THOSE PARTICIPATING AND THE COMMUNITY OF PINGELLY**

**OUTLINE HOW YOU WILL EVALUATE THE OUTCOMES AND SUCCESS OF THE PROJECT**

**PROVIDE DETAILS OF ANY COLLABORATIONS/PARTNERSHIPS OR COMMUNITY GROUPS THAT WILL ASSIST IN THE DELIVERY OF THIS PROJECT AND OUTLINE HOW THEY WILL SUPPORT THE PROJECT**

PLEASE PROVIDE A TIMELINE FOR YOUR PROJECT

ANTICIPATED PROJECT COMMENCEMENT DATE

ANTICIPATED PROJECT COMPLETION DATE

DO YOU HAVE A PROJECT PLAN FOR YOUR PROJECT TASKS AND ACTIVITIES?

- YES - PLEASE ATTACH A COPY OF YOUR PROJECT PLAN TO THIS APPLICATION
- NO – PLEASE OUTLINE CLEARLY THE KEY STEPS FOR THE PROJECT BELOW

HOW WILL YOU ACKNOWLEDGE THE SHIRE OF PINGELLY'S CONTRIBUTION TOWARDS THE PROJECT

PROVIDE ANY FURTHER INFORMATION THAT IS RELEVANT TO YOUR APPLICATION HERE

## PROJECT BUDGET

APPLICANTS MUST DEMONSTRATE HOW THEY PLAN TO SPEND THE GRANT AND IF THERE WILL BE ANY OTHER SOURCES OF INCOME BEING USED IN THE PROJECT. USE THE TABLE BELOW TO OUTLINE CLEARLY WHERE THE MONEY FOR YOUR PROJECT IS COMING FROM AND HOW IT WILL BE SPENT AND SPECIFY WHAT AREAS THIS PARTICULAR GRANT WILL BE USED. THIS BUDGET MUST ALIGN TO THE ACTIVITIES IN YOUR PROJECT PLAN. INCLUDE ALL CASH AND IN KIND CONTRIBUTIONS.

**PLEASE NOTE THAT COUNCILS CONTRIBUTION IS LIMITED TO ONE THIRD OF THE TOTAL PROJECT VALUE UP TO \$5,000.**

EXPENDITURE - CASH	
ITEM -DESCRIPTION	AMOUNT
<b>TOTAL PROJECT EXPENDITURE (A)</b>	<b>\$</b>

INCOME – CASH CONTRIBUTION	
ITEM-DESCRIPTION	AMOUNT
SHIRE OF PINGELLY COMMUNITY GRANT SCHEME FUNDING	\$
<b>TOTAL PROJECT INCOME (B)</b>	<b>\$</b>

IN KIND CONTRIBUTION (NON CASH VALUED ITEMS)	
ORGANISATION, ITEM(S), DESCRIPTION OF IN KIND	VALUE
<b>TOTAL IN KIND PROJECT CONTRIBUTION(S) (C)</b>	<b>\$</b>

<b>TOTAL PROJECT COST (A+C VALUES)</b>	<b>\$</b>
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**FUNDING** (PLEASE PRINT IN BLOCK LETTERS)

HAS YOUR ORGANISATION/GROUP RECEIVED ANY TYPE OF FUNDING FROM THE SHIRE OF PINGELLY 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

HAVE YOU APPLIED FOR GRANT FUNDING FROM OTHER SOURCES FOR THIS PROJECT?  
IF YES – PLEASE PROVIDE DETAILS BELOW

FUNDING BODY/PROGRAM	AMOUNT	STATUS OF APPLICATION
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING

**DECLARATION** (PLEASE PRINT CLEARLY)

I DECLARE THAT:

- I DECLARE THAT THE ORGANISATION HAS READ AND UNDERSTANDS THE COMMUNITY GRANT GUIDELINES.
- I DECLARE THAT 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 THAT 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 GRANT 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 THAT THE ORGANISATION APPLYING FOR THE GRANT FUNDING WILL COMPLETE AND SUBMIT A COMMUNITY GRANT SCHEME ACQUITTTAL FORM BY THE 30 JUNE. IF THE ORGANISATION FAILS TO DO SO THEY WILL BE EXEMPT FROM BEING REIMBURSED ANY FUNDS ACCRUED FOR THIS PROJECT
- I DECLARE THAT THE ORGANISATION SUBMITTING THESE FORMS UNDERSTANDS THAT THIS IS AN APPLICATION ONLY.

NAME

POSITION HELD

DATE

WITNESS NAME

DATE

SIGNATURE

SIGNATURE

### APPLICATION CHECKLIST

BEFORE YOUR ORGANISATION SUBMITS THIS APPLICATION TO THE SHIRE OF PINGELLY ENSURE YOU HAVE COMPLETED THE FOLLOWING.

ITEM	CHECK BOX
CONTACTED THE DIRECTOR OF COMMUNITY CORPORATE SERVICES TO DISCUSS THE PROPOSED PROJECT AND APPLICATION.	<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. (IE A COPY OF FINANCIAL STATEMENTS IF REQUIRED)	<input type="checkbox"/>
THE PERSON AUTHORISED TO SUBMIT THE APPLICATION HAS READ AND COMPLETED THE DECLARATION ABOVE	<input type="checkbox"/>
ANNUAL FINANCIAL STATEMENT ATTACHED FOR AMOUNTS OVER \$1000.000	<input type="checkbox"/>