

# Innovation Grant Scheme Application Form 2020-21

Applications will be accepted on an ongoing basis until the funding pool is exhausted. Please read the Innovation Grant Scheme Guidelines carefully and speak to the Community Development Officer before completing an application.

Contact 9887 1066 or **admin@pingelly.wa.gov.au** for further information or assistance. Please submit this application via one of the following:

#### Mail

Shire of Pingelly 17 Queen Street, Pingelly 6308

#### **Email**

admin@pingelly.wa.gov.au

#### In person

17 Queen Street, Pingelly

## **Eligibility**

The Applicant is:	☐ Yes	□ No
an incorporated organisation;		
<ul> <li>a group auspiced through an incorporated organisation (with written</li> </ul>		
acknowledgement); or		
a local business.		
Projects will be expected to address the social and/or economic impacts of the	☐ Yes	□ No
COVID-19 pandemic. The priority areas for funding include, but are not limited to,		
projects that:		
<ul> <li>respond to an immediate need in our community as a result of the COVID-19</li> </ul>		
pandemic;		
• connect neighbours and community members to assist and support each other;		
enhance people's access to critical information and resources;		
<ul> <li>enable transportation and delivery of services and supplies;</li> </ul>		
<ul> <li>deliver technology to enable people to access information, resources and</li> </ul>		
connect with other people and services;		
<ul> <li>assist the community to respond positively to the challenges of the COVID-19</li> </ul>		
situation and promote a strong regrowth phase; and/or		
<ul> <li>support businesses who are redefining their business model and providing a</li> </ul>		
community service in response to the pandemic.		
community service in response to the pandemic.		
For applications to proceed to assessment they must:	☐ Yes	□ No
<ul> <li>be submitted on the appropriate form;</li> </ul>		L INO
include the required information, including insurance and financial details;      include the required information, including insurance and financial details;      include the required information including insurance and financial details;      include the required information including insurance and financial details;      include the required information including insurance and financial details;      include the required information including insurance and financial details;      include the required information including insurance and financial details;      include the required information including insurance and financial details;      include the required information including insurance and financial details;      include the required information including insurance and financial details;      include the required information including insurance and financial details;      include the required information including insurance and financial details;      include the required information including insurance and financial details.		
<ul> <li>include agreement from the applicant to acknowledge the Shire if funding successful;</li> </ul>	iS	
<ul> <li>ensure the applicant demonstrates its ability to manage the project; and</li> </ul>		
not be due to commence until after the notification date.		

If you answered 'No' to any of these questions, please contact the Community Development Officer.

### **Applicant Details**

Organisation Details This is the group undertaking the project. Legal Name of Organisation Postal Address ABN Registered for GST ☐ Yes □ No Not-for-profit □ Yes □ No Incorporated ☐ Yes □ No Organisation Contact This is the person legally authorised to enter into contracts on behalf of the organisation. This is generally the president or chairperson. Name Position Telephone Mobile **Email Project Details** Which category best describes your community project? ☐ respond to an immediate need in our community as a result of the COVID-19 pandemic ☐ connect neighbours and community members to assist and support each other ☐ enhance people's access to critical information and resources ☐ enable transportation and delivery of services and supplies ☐ deliver technology to enable people to access information, resources and connect with other people and services ☐ assist the community to respond positively to the challenges of the COVID-19 situation and promote a strong regrowth phase ☐ support businesses who are redefining their business model and providing a community service in response to the pandemic Project name Provide a summary of the project

Describe how the project will address the social and/or economic impacts of the COVID-19 pandemic.
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project and outline how they will support the project (provide letters of support where relevant).

Anticipated commencement date	
Anticipated completion date	
How will you acknowledge the Shire of Pingelly's contribution to the project?	

# **Budget Details**

Use the table below to list the expenses your project will incur, detail the income and in-kind that will cover the expenses, and identify their source.

Please note Shire of Pingelly's contribution is 100% of the total project cost, and no more than \$2,000.

Income	
Income Items	Amount
Shire of Pingelly Innovation Grant Scheme Funding	\$
Total Project Income	
In Kind Contributions	
In Kind Items	Amount
Total In Kind Contributions	
Expenditure	
Expenditure Items	Amount
Total Project Expenditure	
Total Project Cost (Total In Kind + Total Expenditure)	

Has your	organisation	received	any type	of funding	from the	Shire of	Pingelly	in the	last 2	years?	If yes,
please pr	ovide details l	below.									

						A		
Year	Amount	Purp	ose		Fully	Acquitted		
					□ Yes	□ No		
					□ Yes	□ No		
Have you applied f	or grant funding fr	om other sources for th	is projec	ct? If yes, ple	ease provide	e details below.		
	Funding Body/l	Program		Amount	Status o	f Application		
					☐ Confirm☐ Pending			
□ Confirmed □ Pending								
Declaration								
☐ I declare the organisation has read and understands the Innovation Grant Scheme Guidelines.								
☐ I declare 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 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 Innovation Grant Scheme 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 the organisation applying for the grant funding will complete and submit an Innovation Grant Scheme Acquittal Form within 30 days following the project's completion.								
☐ I declare the org	ganisation submitti	ng this form understand	ds this is	an applicati	on only.			
Name		Po	osition					
Signature		Da	ate					
Application Checklist								
☐ Contacted the Community Development Officer to discuss the proposed project and application.								
☐ Completed all q	uestions in the app	olication form						

☐ Ensured any attached documents to your application are clearly marked and are in a clear and easy to understand format.

☐ Evidence of public liability insurance ☐ Letters of support, including letter of support from auspice organisation (if applicable)