









Kwinana Community Funding Program Application Package

Up to \$5,000

APPLICATIONS CLOSE 4PM FRIDAY 21 FEBRUARY 2020

This form must be saved to your computer before completing. Forms completed in a web browser may not save correctly and your application could be lost. Please open and complete this form using Adobe Reader, which can be downloaded for free <u>here</u>.

General Grants are available for amounts up to \$5,000 all community organisations that are based in or provide services within the City of Kwinana are eligible to apply for funding.

An **event** is defined as a standalone activity that usually takes place once or twice a year (e.g. Alcoa Children's Party).

A **program** is defined as an ongoing activity that takes place on a regular basis, often for a whole term (e.g. Sewing Class, Yoga).

Purchase of equipment or materials are defined as items that will assist in the running of activities for your group/club or community event ie sporting equipment, tressel tables, uniforms, trailers.

Grants will **only** be considered if:

- The applicant has current public liability insurance at the time of the program, event or purchase of equipment or materials
- The program, event or purchase has meaningful benefits for the Kwinana community
- The applicant has supplied quotes for all purchases over \$500 in accordance with the General Grant Guidelines
- The program, event or purchase of equipment or materials takes place within the boundaries of the City of Kwinana

Grants will **not** be considered:

- × For commercial organisations or activities
- × For general fundraising activities
- For projects that denigrate, exclude or offend minority groups
- For projects that present a danger to public health or safety
- For projects that will rely on recurrent funding from the Program
- For projects that contravene the policies of the funding bodies
- × For ongoing operational expenditure
- For previous recipients who have not fulfilled the conditions of their previous funding
- For applicants who do not complete the application correctly

- For deficit funding for organisations that are experiencing a shortfall in cash or revenue, or anticipated revenue
- For recurrent salaries and recurrent operational costs

Prior to applying, please also read the Kwinana Community Funding Program guidelines on the City's website **www.kwinana.wa.gov.au**

If you have any queries, please contact the Administration and Special Projects Officer on 9439 0251 or email

customer@kwinana.wa.gov.au or by contacting a representative from the Kwinana Bendigo Bank on 9419 4242.

Please submit your application via email, post or in person:

In person:

ATTN: Administration and Special Projects Officer,

Kwinana Community Funding Application - COMS103

City of Kwinana Administration Building Cnr Gilmore Ave & Sulphur Road KWINANA WA 6167 (8.30am to 4.30pm)

By mail:

ATTN: Administration and Special Projects Officer,

Kwinana Community Funding Application - COMS103

City of Kwinana PO Box 21, KWINANA WA 6966

Via email:

customer@kwinana.wa.gov.au

Subject: Kwinana Community Funding Program General Grant Application - COMS103

The form is also available from:

www.bendigobank.com.au/community/ourbranches/kwinana

General Grant: Application Form

The Kwinana Community Funding Program aims to provide assistance to all organisations and associations that can deliver benefits and outcomes in the target areas listed below. Please tick one (1) area that is the best fit for the program, event or purchase of equipment or materials:

| Community Development | Environment | Heritage |
|-----------------------|--------------------|-----------------------|
| Sport and Recreation | Culture and Arts | Other (please state): |
| Economic Development | Emergency Services | |

Step 1: The Organisation Details

1.1 Organisation name (same as Incorporation Certificate):

| name: |
|-------|
|-------|

1.2 Organisation Address Details (not PO Box):

| Street address: | | |
|-----------------|--------|-----------|
| Suburb/ | | |
| Town/City: | State: | Postcode: |

1.3 Postal address (*if different from above*):

| Address: | | |
|------------|--------|-----------|
| Suburb/ | | |
| Town/City: | State: | Postcode: |

1.4 Organisation contact details:

| First contact person/s person | | |
|-------------------------------|--------------------------------|--|
| First contact person's name: | | |
| | | |
| Contact person' | s position: | |
| Phone number | | |
| | Organisation phone number: | |
| | | |
| | Contact person's direct line: | |
| | | |
| | Mobile: | |
| Email | | |
| | Organisation email: | |
| | | |
| | Contact person's direct email: | |
| | | |
| Second contact p | erson's name: | |
| | | |
| Second contact p | erson's phone number: | |

1.5 Is your organisation registered with an Australian Business Number (ABN)?

Yes: please provide details.

No

No

ABN:

1.6 Is your organisation registered for Goods and Services Tax (GST)?

Yes (if grant is successful you will be required to send a tax invoice, a City of Kwinana Officer will contact you for this, with details of amount awarded)

1.7 Is your organisation incorporated?

Yes: please attach a copy of your No Incorporation Certificate.

1.8 Do you have public liability insurance?

(*Must* be current and will provide cover for the proposed program, event or purchase of equipment or materials).

Yes: *please attach a current copy of public liability insurance certificate.*

No: your application will be deemed ineligible.

Does your group have an ABN and is it GST registered?

If YES, you are liable to pay GST.

A completed Tax Invoice must be provided.

ABN but not GST registered?

If YES, you are not liable to pay GST.

1.9 Please describe your organisation and its purpose in 150 words or less:

(How long has it existed, history, current membership including relevant membership growth, include any other important information to build the picture for the assessment panel).



1.10 Will you be applying for this grant through an auspicing body?

Yes: please go to Appendix 1.

No: please go to Step 2.

What is an auspicing body?

An auspicing body is an incorporated group that applies for a grant on behalf of an unincorporated group. The auspicing body is responsible for the financial management of the grant.

Please note, payments can only be made to organisations/groups. Payment requests to personal bank accounts will not be processed.

Step 2: Tell us about any previous City of Kwinana Grants

2.1 Has your organisation (or the auspicing organisation) received funding from the City of Kwinana or the Kwinana Community Funding Program within the last three years?

Yes: please complete details below.

No: please go to Step 3.

| Title of program or event the funding was used for | Date of funding received (DD/MM/YY) | Amount of funding received (including GST) \$ | Acquittal Status Completed or Not Required or In process |
|--|---|---|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

| Acquittal Status | |
|---|--|
| Acquittal Status 'Completed'means you have provided a detailed report of how the grant money we used, provision of receipts, photos etc. | |
| Acquittal Status 'Notmeans the grant did not require an acquittal.Required' | |
| Status 'In Process' means the acquittal is not yet due but will be completed. | |
| The City of Kwinana requires all grants to be acquitted using the Grants Acquittal Form before applying for another grant. If you are unsure please contact the Admin and Special Projects Officer on 9439 0251 | |

Step 3: About the program or event

3.1 What is the title of the program, event or purchase of equipment or materials:

Title:

3.2 If your application is for a proposed program or event, please fill in:

| Program or event: | Day/s: | Date/s: | Time/s: |
|-------------------|--------|---------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

3.3a Background – History:

Provide a brief overview of the reason for your program, event or purchase of equipment or materials (150 words or less).

Note: If this is a new program or event explain the reason for it OR if the program or event has been held previously explain the history.



3.3b Description of the program, event or purchase of equipment or materials:

Provide a description of the program, event or purchase of equipment or materials. This section should include a concise, clear summary of what the project will entail (who, what, when, where, how).



3.3c Community involvement:

How will this program or event engage with the community and encourage local participation?

Explain how the community will find out about the program, event or purchase of equipment or materials and list the elements that encourage community participation.



3.3d Attendees/participation:

How many people are you anticipating will attend your program or event *(if applicable)*?

Number of attendees:

3.3e Is the program or event targeting a specific audience?

3.3g Are there any partnerships for your program, event or purchase of equipment or materials? *(Two or more groups/organisations working together for a common goal)*

Yes: *please go to* **3.3h**.

No: please go to **3.4**.

3.3h List any partnerships:

| State what their role is (in the lead up to the event or program or on the day of the event or program) |
|--|
| |
| |
| |
| |
| |
| |
| |

3.4 Please list the community benefits (both short-term and any long-term benefits) the program, event or purchase of equipment or materials is likely to have:

| Short-term benefits | Long-term benefits |
|---------------------|--------------------|
| | |
| | |
| | |
| | |
| | |

3.5 Where will the program or event take place (*not required for purchase of equipment or materials*)?

| Venue/location name: | | |
|----------------------|--------|-----------|
| | | |
| Street address: | | |
| | | |
| Suburb/Town/City: | State: | Postcode: |

3.6 Has the venue/location been booked and confirmed *(if applicable)*?

| Yes | No: (this is your responsibility to book and confirm) |
|-----|---|
| | |

If YES', and this is a City of Kwinana-managed venue, do you plan to request waiver of hall hire fees?

Yes: please complete Appendix B No

3.7 Is the program, event or purchase of equipment or materials one-off or is it ongoing?

One-off Ongoing

3.8 What is your experience in delivering this type of proposed program or event?

| No experience in delivery | Very experienced in delivery |
|-----------------------------|------------------------------|
| Some experience in delivery | Not applicable |

Good level of experience in delivery

3.9 If application relates to hosting or running an event, has an 'Event Application' been submitted to the City of Kwinana?

| Yes: approved (attach approval from City's Health Services) | No: will submit more than 60 days prior to the event |
|--|--|
| Yes: submitted but not yet approved | Not applicable (not hosting event) |

No: not required (attach correspondence/ proof from City's Health Services that it is not required) 3.10 Tick the following areas where your organisation has considered the program or event to be accessible, as per the City's Access and Inclusion Plans (accessible at <u>www.kwinana.wa.gov.au</u>):

| Access to services and events | Access to information |
|---|-------------------------------|
| Equity of service from volunteers and staff | Complaints |
| Access to buildings and other facilities | Access to public consultation |
| Quality of service | Employment |

3.11 If the organisation is awarded funding from the Kwinana Community Funding Program, they will be required to recognise the *City of Kwinana*, *Kwinana Community Chest* and *Kwinana Bendigo Bank* contribution. How will this be achieved?

| Verbal acknowledgement of contribution (e.g. speech/presentation) | The three logos on flyers |
|---|-------------------------------------|
| Written acknowledgement of | Media – local community newspapers |
| contribution <i>(e.g. newsletter)</i> | Media – West Australian, television |
| Website | Other (please state): |
| Social media | |
| Signage (e.g. banners) | |

3.12 In the table below, list any attempts to secure funding specific to this program or event through other sources:

| Funding Agency | Amount \$ | Approved |
|------------------|------------|----------------------|
| E.g. Lotterywest | E.g \$1500 | (Yes, No or Pending) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

3.13 If the full amount is not granted, will your project go ahead regardless?

No

Step 4: Provide the budget for the program or event

Tips when completing budget:

- 1. Applicants that can demonstrate their own financial contributions will be considered favourably.
- 2. Total income **must** equal total expenditure.
- 3. **Do not** include GST (where appropriate, 10% will be added to successful grant).
- 4. Quotes **must** be supplied for all purchases as per General Guidelines for goods over \$500.
- 5. In-kind contribution refers to donations/ inclusion of goods or services that have a value, e.g. venue costs, donated materials, or volunteer's time.

- Please calculate the value of volunteer hours at \$42/hour/volunteer.
- 7. List expenditure items that are to be funded by the grant in the grey area.
- 8. Total expenditure is for the program, event or purchase of materials only.

| EXAMPLE | BUDGFT |
|---------|--------|
| | DODGLI |

| Income | | Expenditure Please list items | Amount (excl. GST) |
|---------------------------|------|----------------------------------|-----------------------|
| Kwinana Community Funding | 1900 | Marketing and promotion | 1000 |
| REQUESTED Grant \$ | | Venue hire | 350 |
| | | Facilitator | 550 |

| Applying organisation's cash contribution | 1500 | Catering | 500 |
|---|------|--------------------------|------|
| Donations | | Temporary infrastructure | 1450 |
| Sponsorship | | Event fees | 350 |
| Other grants/funding | | Traffic management | 1450 |
| Additional contributions from other sources | | | |
| Tickets sold \$15 each (max 150 tickets) | 2250 | | |
| Sub Total Income | 5650 | Sub Total Expenditure | 5650 |

| Income In-Kind | | Expendi | iture In-Kind |
|----------------------------------|------|---|---------------|
| | | The City recognises your valuable of – please estimate value of in-kind of | |
| Volunteers x 4 x 12hrs @ \$33/hr | 1584 | Volunteers x 4 x 12hrs @ \$33/hr | 1584 |
| Administration cost (printing, | 75 | Administration costs (printing, | 75 |
| photocopying) | | photocopying) | |
| Sub Total of Income In-Kind | 1659 | Sub Total of Expenditure In-Kind | 1659 |
| TOTAL INCOME | 7309 | TOTAL EXPENDITURE | 7309 |

| Income | Amount (incl. GST) | Expenditure Please list items | Amount (incl. GST) |
|---|-----------------------|---|-----------------------|
| Kwinana Community Funding REQUESTED Grant \$ | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Organisation's cash contribution | | | |
|------------------------------------|------------|-----------------------|--|
| Donations in total | | | |
| Sponsorship in total | | | |
| Other grants/funding | | | |
| Additional contributions from othe | er sources | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Sub Total Income | | Sub Total Expenditure | |

| Income In-Kind | Expenditure In-Kind The City recognises your valuable contribution – please estimate value of in-kind contribution |
|---------------------------------|--|
| Volunteers x x hrs @ \$42/hr | |
| | |
| Sub Total of Income In-Kind | Sub Total of Expenditure In-Kind |
| TOTAL INCOME | TOTAL EXPENDITURE |

Step 5: Approval and Bank Account Details

Bank account details:

Must be the eligible organisation's bank details, e.g. if being Auspiced, the Auspice organisation's bank details need to be completed. Payments will not be made to a personal bank account.

If the application is successful, you will receive electronic funds transfer (EFT). Please provide details of the incorporated organisation's main operating account via Appendix Two (2).

Yes – I have completed and attached EFT Application form (Appendix Two (2)).

| Organisation name: | |
|-----------------------|--|
| name: | |
| Title of | |
| program or event: | |
| event: | |

In regards to GST tick which applies to the organisation:

GST registered

ABN but not registered for GST

Not registered for GST

No ABN

ABN and registered for GST

Step 6A: Declaration of Applicant

(name of person)

(position title) of

(organisation name) do

hereby declare that I am authorised on behalf of the organisation to sign this declaration and the information supplied is, to the best of my knowledge, accurate and complete. The Kwinana Community Funding Program will be notified of any change to the information supplied and any other information or circumstances arising that may affect this application. I understand that any decision made by the Kwinana Community Funding Program is final and is not subject to an appeals process.

Signature:

L

Any information disclosed in this form will only be used by the Kwinana Community Funding Panel for the purposes of assessing funding proposals under the Kwinana Community Grant Guidelines and will be maintained in accordance with the Privacy Act 1988.

I wish to receive news and information from Bendigo Bank, Kwinana

I wish to receive news and information from City of Kwinana

Neither of the above

Date: / /

Step 7: Checklist

Have you:

Completed all the applicable steps

Kept a copy of your signed application and attachments for your records

Completed Step 6 with signatures

Have you included the following documents with your application:

(Please submit only copies of original documents)

Statement of a Supplier Form if required (see step 1.5).

A copy of your Incorporation Certificate (see step 1.7).

Copy of Financial Statement (see step 1.8).

A copy of Public Liability Certificate (see step 1.9).

Supplied written quotes (see step 4).

Copy of any other supporting information (e.g. proof of event approval, see step 3.9).

Appendix One (1) Auspice Organisation Details completed (if required)

A written agreement between applicant and Auspicing Body (if required), see Appendix one (1).

Appendix Two (2) Electronic Funds Transfer Application completed

Appendix Three (3) *Request for Community Facility Hire Fee Waiver* completed (if required)

If you have completed all of the above, you are ready to submit your application.

If you have any queries, please contact the City's Administration and Special Projects Officer on 9439 0251.

Please submit your application (including attachments) via email, post or in person:

| In person: | By mail: | Via email: |
|--|--|--|
| | ATTN: Administration and Special | customer@kwinana.wa.gov.au |
| Projects Officer, | Projects Officer, | Subject: Kwinana Community |
| Kwinana Community Funding Application - COMS103 | Kwinana Community Funding Application - COMS103 | Funding Program General Grant Application - COMS103 |
| City of Kwinana Administration Building Cnr Gilmore Ave & Sulphur Road | City of Kwinana PO Box 21, KWINANA WA 6966 | |
| KWINANA WA 6167 (8.30am to 4.30pm) | | |

Appendix 1: Auspice Organisation Details

1.1 Auspicing organisation's name (legal trading name):

1.2 Auspicing organisation's registered business address details (*not PO Box*):

| Street address: | | |
|-------------------|--------|-----------|
| Suburb/Town/City: | State: | Postcode: |

1.3 Auspicing organisation's postal address only if different from registered business address:

| Address: | | |
|-------------------|--------|-----------|
| Suburb/Town/City: | State: | Postcode: |

1.4 Auspicing organisation's contact details:

| Contact person's | Contact person's name: | | |
|------------------|--------------------------------|--|--|
| | | | |
| Contact person' | s position: | | |
| Phone number | | | |
| | Organisation phone number: | | |
| | | | |
| | Contact person's direct line: | | |
| | | | |
| | Mobile: | | |
| Email | | | |
| | Organisation email: | | |
| | | | |
| | Contact person's direct email: | | |

1.5 Is the Auspicing organisation registered with an Australian Business Number (ABN) or Australian Registered Business Number (ARBN)?

Yes: please provide details.

No

| ABN: | | |
|-------|--|--|
| | | |
| ARBN: | | |
| | | |

1.6 Is the Auspicing organisation registered for GST (Goods and Service Tax)?

Yes

No

1.7 Is the Auspicing organisation incorporated?

Yes: please attach a copy of the Incorporation Certificate.

No: your application will be deemed ineligible.

No: your application will be deemed ineligible.

1.8 Do you have a copy of the auspicing organisation's audited financial statement? (*Financial statement from last annual general meeting*).

Yes: please attach a copy of the financial statement.

1.9 Does the Auspicing organisation have public liability insurance? (**must** be current and provides cover for the proposed activity).

Yes: please attach a copy of the No: your application will be deemed ineligible. *insurance certificate.*

1.10 Please describe the auspicing organisation and its purpose in 150 words or less OR provide a hyperlink to the organisation's constitution that explains the purpose of the group:

OR

The constitution hyperlink is:

Describe the organisation in 150 words or fewer (how long it has existed, history, current membership, include any other important information to build the picture for the assessment panel)

1.11 Does your organisation have a written agreement (email or letter) from the Auspicing body stating their support for the financial management of this grant?

Yes: *please attach a copy of the agreement.*

No: your application will be deemed ineligible.

If the organisation agrees to auspice you, you'll need to work with them to put an agreement in writing. They might already have forms you can use, but if not you may have to develop an inaugural agreement. When drafting an Auspice Agreement, both parties must be careful to include all of their intentions and expectations, and must be clear about roles and responsibilities.

Please continue completing application, go to Appendix 2.

Appendix 2: Electronic Funds Transfer Application

Conditions of Agreement

Electronic Funds Transfer (EFT) is the Kwinana Community Funding Program's preferred method of payment. Under this method of payment, the Program will electronically deposit amounts owing to you directly into your nominated bank account. A brief description will appear on your bank statement to identify the payment as being from the Kwinana Community Funding Program.

If there are any changes in the banking details, please notify the Administration and Special Projects Officer at the City of Kwinana Administration building immediately.

The City of Kwinana will not be held responsible for any delays or errors in payment due to factors out of the City's control (including but not limited to those resulting from banking industry systems).

Completed forms must be returned by email **customer@kwinana.wa.gov.au** or post to **City of Kwinana at PO Box 21, KWINANA WA 6966**

Company/Individuals Information

| Company/payee name: | |
|---------------------|---------------|
| | |
| ABN number: | |
| | |
| Postal address: | |
| | |
| | Phone number: |

Bank details

| Branch: | BSB number: - |
|-----------------|---------------|
| Account number: | Account name: |
| | |

Email address:

Declaration: I/We hereby acknowledge and accept the conditions of direct credit as stated in this application

| Company/individual name: | | |
|--|-------|--|
| Signature (signed for and on behalf of company): | | |
| Name: | | |
| Title/Position: | Date: | |

| FOR OFFICE USE ONLY | | | |
|-----------------------------|----------------------------|-------|------------|
| Accounts Payable Officer | Form Received/ Entered: | Date: | Signature: |
| | | | |

Appendix 3: Request for Community Facility Hire Fee Waiver

| Name of group or organisation: | | | |
|--|------------------------|--|--|
| Address of group or organisation: | | | |
| Contact person: | | | |
| Telephone number: | | | |
| Email: | | | |
| Community facility required: | Booking Ref No: | | |
| Date/time required including set up and pack dow | /n: | | |
| ur | ntil | | |
| Amount of fee waiver requested: | Hire fee: | | |
| | Bond: | | |
| OFFICE USE ONLY Outcome of request: | | | |
| Assessing Officer: | | | |
| Position: | | | |
| Date: | Group notified? Yes No | | |