



Shire of Coolgardie Community Assistance Fund Applications

The accompanying form is the standard application for the Shire of Coolgardie Community Assistance Fund (CAF).

In order to be eligible for funding an organisation must:

- Be a non-profit organisation and, depending on amount of grant requested, be able to supply audited accounts and annual reports.
- Have one or more community assistance criteria as its prime objective.
- Demonstrate a substantial degree of community support and representation.
- Undertake to give due recognition to the Shire of Coolgardie for its contribution to their activities.
- Have a valid lease with the Shire of Coolgardie if funding is related to a building which is on a Reserve vested in the Shire of Coolgardie. *(Organisations that operate from buildings on Shire Reserves will only be recommended for CAF funding if they comply with insurance and lease conditions).*
- Agree to complete a specified evaluation report. *Failure to do so may render the applicant ineligible for future funding.*

In order to be eligible for funding an outstanding individual must:

- Achieve or demonstrate recognition in their field of endeavour at a State, National or International level. Recognition at a regional level may be considered in special circumstances.
- Demonstrate a substantial degree of community support.
- Provide a letter of support from the Association or Organisation relevant to their field of endeavour.
- Provide the names and contact details of two referees, outside the organisation.
- Undertake to give due recognition to the Shire of Coolgardie for its contribution to their activities.
- Agree to complete a specified evaluation report. *Failure to do so may render the person ineligible for future funding.*
- Funding application requests for individuals will only be to a maximum of \$500.00.

Forms are available on the website at www.coolgardie.wa.gov.au or by contacting the executive secretary on (08) 9080 2111 or emailing mail@coolgardie.wa.gov.au To submit your application, please return completed forms including supporting documentation to:

Email
Post

mail@coolgardie.wa.gov.au

Mr James Trail
Chief Executive Officer
The Shire of Coolgardie
PO Box 138
KAMBALDA WA 6442

Or by delivering to:

Coolgardie Community Recreation Facility
Sylvester Street
COOLGARDIE WA 6429

Kambalda Community Recreation Facility
Barnes Drive
KAMBALDA WA 6442

Assessment rounds are open from 1 September until 1 May of each financial year. Applications received after this period will not be considered. Each application is required to be presented to Council at tabled Council Meetings for consideration and approval.

1. GRANT TYPE

Organisation \$2,000 maximum

Individual \$500 maximum

2. APPLICANT DETAILS (Individual or Organisation)

2.1 Contact Details

NAME _____

POSITION _____

POSTAL ADDRESS _____

TELEPHONE _____

MOBILE _____

EMAIL _____

2.2 Organisation Structure

Is your organisation incorporated?

Yes

No

Does your organisation have an Australian Business Number?

Yes

No

ABN _____

How many active/financial members are in your organisation?

Have you or your organisation received funding through CAF before?

Yes

No

If Yes, please provide details on project, amount and date funding received:

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4. PROJECT STRATEGIC DIRECTIONS

Please tick the goal/s that best align your project with the Shire's Community Strategic Plan 2018 to 2028:

Accountable and effective leaders

- | | | |
|--|--|---|
| <input type="checkbox"/> Engagement and consultation | <input type="checkbox"/> Transparent, accountable and effective governance | <input type="checkbox"/> Advocate for the community |
|--|--|---|

An inclusive, safe and vibrant community

- | | | |
|---|---|---|
| <input type="checkbox"/> Build a sense of place and belonging | <input type="checkbox"/> A safe and healthy community | <input type="checkbox"/> Celebrate our culturally diverse community |
|---|---|---|

A thriving local economy

- | | | |
|--|--|--|
| <input type="checkbox"/> Build economic capacity | <input type="checkbox"/> Facilitate local business development and retention | <input type="checkbox"/> Provide support for traineeship development |
|--|--|--|

Effective management of infrastructure, heritage and environment

- | | | |
|---|--|--|
| <input type="checkbox"/> Value local culture and heritage | <input type="checkbox"/> Sustainable management of resources | <input type="checkbox"/> Enhance our Built Environment |
|---|--|--|

5. DECLARATION

I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in my funding request being denied. I understand that this application does not constitute approval of funding. I am authorised person/guardian to submit this application on behalf of the organisation/minor. I agree to submit a funding evaluation request within two months of completion of the project.

NAME: _____

TITLE/RELATIONSHIP: _____ **DATE** _____

6. ATTACHMENTS

Please list in page number order attachments to your application.

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