



Shire of Coolgardie
Community Assistance Fund
Annual Grants 2016 – 17
APPLICATION

The accompanying form is the standard application for the Shire of Coolgardie *Community Assistance Fund (C.A.F.)*

Group applicants may apply for up to \$2000 or
Individual applicants may apply for up to \$500.00.

Each application will be assessed and evaluated on its merit, according to the Community Assistance Fund Guidelines, which may be viewed and down loaded from the Shire's website at www.coolgardie.wa.gov.au.

Applications are available online from www.coolgardie.wa.gov.au or by contacting Community Grants & Development Officer on 9080 2111 or mail@coolgardie.wa.gov.au.

Closing date for the annual Grants is 4.00pm 30th June 2016.

TO ASSIST IN PROCESSING YOUR APPLICATION, WE ASK YOU TO NOTE THE FOLLOWING REQUIREMENTS:

- For photocopying purposes please type your application or clearly and legibly write your submission using blue or black ink.
- **Please do not permanently bind your application. As applications may need to be photocopied, it is preferred you use a paper clip, bulldog clip or deliver in a plastic wallet.**
- If you need extra space to describe any aspect of your activity please provide the information as briefly as possible on A4 paper, clearly marking the item and page number to which the additional information refers.
- You may reproduce the form and content on your own computer or photocopier, but please ensure the application is submitted in A4 format.
- Supply all supporting material with your application and ensure that it is clearly labelled.
- **Please keep a copy of your application.**

By Post:

Shire of Coolgardie
'Community Assistance Fund Application'
PO Box 138
KAMBALDA WEST WA 6442

By Hand:

Coolgardie Recreation Facility
Sylvester Street
Coolgardie
or
Irish Mulga Drive
Kambalda West WA 6442

COMMUNITY ASSISTANCE FUND APPLICATION INFORMATION

GRANT TYPES

A **Minor Grants \$500.00 or less**
(For minor activities and small purchases)

B **Ad Hoc Grants Over \$500.00 but less than \$2,000.00**
(For the purchase of equipment and running activities)

HOW TO COMPLETE THE APPLICATION FORM

Please follow the simple **colour-coded guide** when completing this form -:

1. Select your grant type e.g. *Activity Grant*
2. Discuss your project with the Community Grants Development Officer to confirm eligibility.
3. Complete the Sections colour-coded to your grant type e.g. *Ad Hoc Grant*= **A** **B**
You do not need to provide any details in sections not coded to your Grant Type
4. Go to 'Support Documents Checklist' (Page 9) – be sure to provide the documents requested for your grant type.

Questions?

Call our Community Grants & Development Officer on 9080 2111
or email mail@coolgardie.wa.gov.au

OFFICE USE ONLY

Doc No: _____
Date: _____
Workflow: **Grants**

File No(s):
Officer: **MCS / EDO**
Attach

COMMUNITY ASSISTANCE FUND - APPLICATION FORM

YOUR GRANT TYPE

PART 1 - APPLICANT'S DETAILS

A

B

APPLICANT (or Organisation Name)

.....

CONTACT DETAILS

Name:..... Position:
(E.g. President, Secretary)

Postal Address: Postcode:

Telephone: (h) (w)..... Facsimile:.....

Email:

*Please highlight with an * your preferred method of contact*

PART 2 - ACTIVITY DETAILS

A

B

Describe the Project for which funding is required: (max 100 max)

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Activity Commencement Date: Date of Completion:

Venue/Location:

Total Project Cost: \$..... Total C.A.F. Request: \$.....

3.1 Is your organisation incorporated? Yes No

3.2 Does your organisation have an Australian Business Number? Yes No

ABN No:

Are you registered for GST? Yes No

3.3 Does your organisation operate on a non-profit basis? Yes No

Note: The Community Assistance Fund is intended to assist non-profit, community-based organisations and voluntary groups carry out activities that benefit the community as a whole. If you answered 'No' above, you are advised that operations and activities established to make a profit are ineligible for funding.

3.4 Does your organisation occupy a building situated on a Crown Reserve vested in the Shire of Coolgardie? Yes No

IF YES: Does your organisation have a current lease with the Shire of Coolgardie? Yes No

Note: A current lease is required before any Community Assistance Funds are disbursed.

3.5 Describe the main objectives of your organisation. (max 50 words)

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.....

3.5 State the number of active or financial members in your organisation.....

3.6 Describe your membership i.e. Number of men, women, seniors, youth etc.

.....
.....
.....

3.7 Previous *Community Assistance Fund* History

Have you previously received funding under the Community Development Fund?

No

Yes - When? _____
How much? _____
What for? _____

PART 4 – PROJECT DETAILS A B

Please tick the specific category that best describes your funding request:

- | | |
|---|---|
| <input type="checkbox"/> Arts, culture & entertainment | <input type="checkbox"/> Disability Services |
| <input type="checkbox"/> Youth & family services | <input type="checkbox"/> Multicultural & Indigenous projects |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Event management & sponsorship |
| <input type="checkbox"/> Natural environment & cultural heritage conservation | <input type="checkbox"/> Tourism & promotion |
| <input type="checkbox"/> Business support and development | <input type="checkbox"/> Emergency services |
| <input type="checkbox"/> Crisis or financial support & counselling | <input type="checkbox"/> Health promotion & injury prevention |
| <input type="checkbox"/> Sport & recreation | <input type="checkbox"/> Crime prevention & community safety |
| <input type="checkbox"/> Monuments & projects to commemorate events or people | <input type="checkbox"/> Upgrading of Community facilities and equipment owned by the Council |

PART 5 - PROJECT JUSTIFICATION A B

5.1 What is the aim of the Project?

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5.2 How will the Project promote community development i.e. describe the facilities, activities, resources or services that will be developed as a result of the Project?

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5.3 Indicate below all community/ business/ group/ volunteer involvement in this Project, and the type of involvement – the value of their support may also be given if known.

Name of provider, ie: Community/ Business/ Group/ Individual and nature of support	Support offered <i>(please tick as appropriate)</i>			
	In kind (\$)	Financial (\$)	Donation (\$)	Volunteer labour (\$)

Note: In Kind & Volunteer labour is valued at \$20.00 per hour.

5.4 Describe your marketing plan i.e. promotion, marketing, media coverage.
(Successful applicants will be required to promote the contribution of the Shire of Coolgardie in their marketing plan, e.g: Article in the Cool Rambler and any other media avenues)

.....

.....

.....

.....

5.5 How will you know if your project is a success? (outcome)

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.....

.....

6.1 Project support within your organisation:

Key members of your organisation must support the C.A.F. Grant Application.

Please arrange for at least two office bearers (i.e. President, Secretary, Treasurer) **to sign below**

Name:..... Role:

Signature:

Name:..... Role:

Signature:

Name:..... Role:

Signature:

6.2 Funding support confirmed by other sources for this Project, excluding this C.A.F. request:

Organisation: Amount: \$

State

Federal

6.3 Other than your own contribution and those stated above, has your organisation considered other funding sources for this Project?

Yes

No

If yes, please list the funding body/s you have contacted and the amount of funding you have requested.

.....
.....
.....

6.4 Current financial position:

Current Bank Balance: \$..... Invested Term Deposit: \$.....

Bank:

Account Name:

BSB:

Account Number:

6.5 Budget:

It is recommended you use the attached Budget form (Appendix A – Page 10). If more space is required, use the same format and attach to this application.

Please ensure the following are clearly identified in the Income Budget:

- Voluntary 'In Kind' contribution (costed at \$20.00 per hour)
- Your financial contribution to the Project.
- Other grants applied or received for the proposed activity.
- Any other income (*box office/ticket sales, in-kind support and donations*)

Please ensure the following are clearly identified in the Expenses Budget:

- Direct Project costs (*material, freight, equipment/venue hire/purchase*).
- Promotion, marketing and publication expenses.
- Administration expenses (*salaries, on-costs, insurance, postage etc.*)
- Travel, accommodation, and living expenses.
- GST inclusive costings

Please note: That **two (2) quotations** are required for all items valued over \$1,000.
In Kind & Volunteer labour is valued at \$20.00 per hour.
Where a tradesperson is donating labour identify full value of works.

Any surplus funds allocated from the C.A.F. will be required to be reimbursed to the Shire of Coolgardie on acquittal of your organisation's grant.

ACQUITTALS AND EVALUATION:

If your application is successful and funds are granted please remember that you **MUST** provide Council with a grant acquittal and evaluation. The relevant documents will be forwarded with your final payment and need to be returned to this office within 30 days from the conclusion of your project or within 30 days of the end the 12 month period funds were approved. Failure to provide an acquittal may affect future applications by your organisation.

Funds must be spent during the year of the grant, i.e. 1/9/2016 – 30/7/2017. Funding may not be permitted to be carried over to the following year, unless written approval from the Shire of Coolgardie has been received. If you realise that the funds will not be spent within the specified time frame and therefore an acquittal cannot be provided, then the money must be returned to the Shire prior to the end of financial year.

PART 7 - SUPPORT DOCUMENT CHECK LIST

A

B

Please ensure you have enclosed the following attachments with your application: (Please tick) ↓

A MINOR GRANTS UNDER \$500.00:

- Complete Parts 1, 2 and 3 then sign the Declaration below.

B AD HOC GRANTS \$500.00 TO \$2,000.00:

- Complete Sections and 1 and 2 then sign the Declaration below.
- Financial statement for the most recently completed financial year Two (2) quotations for all items valued over \$1,000.

DECLARATION

I certify that to the best of my knowledge the information provided is correct and discloses an accurate account of the income, expenditure and activities.

Applicant:

Name: **Signature:**

Date:

SAMPLE BUDGET - GRANTS

PROJECT TITLE : ESPERANCE BEACH ACCESS AND REHABILITATION PROJECT					
EXPENSES			INCOME		
Item	Cost/Description	Amount	Type	Description	Amount
Volunteer Labour	50hrs @ \$15.00 p/h	750	Applicant Contributions	Cash	1,000
Materials	Treated Pine	2,000		In kind volunteer workers	750
	Bolts 250 @ 0.60¢ each	150			
Plants	500 @ \$1 each	500	Grants and Sponsorship	Lotteries Commission	1,000
Equipment Hire Charges	Bobcat 5 hrs @ \$150 p/h	750		Local Service Clubs	1,500
	Hand Tools 10hrs @ \$15 p/h	150		Community Development Fund	1,500
	Brush Cutter 5hrs @ \$45 p/h	225	Donated Materials	Seedlings	275
	Mini Van 2 days	250		Mulch	200
Signage	Interpretive signs	1,000		Refreshments	100
Promotion	Brochures	250	Other Income		
	Advertising	100			
	Opening Launch	200			
Total Expenses		6,325	Total Income		6,325

Community Assistance Fund Request = \$1,500

**Appendix A
BUDGET – GRANTS**



PROJECT TITLE :					
EXPENSES			INCOME		
Item	Cost/ Description	Amount	Type	Description	Amount
			Applicant Contribution	Cash	
				In kind	
			Grants/ Sponsors	C.A.F Request	
			Donations		
			Other Income		
Total Expenses			Total Income		